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UNFPA – Report of the Executive Director

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Midterm review of the UNFPA strategic plan, 2008-2013

Report of the Executive Director

Summary

The present report on the midterm review (MTR) of the UNFPA strategic plan is submitted in response to Executive Board decision 2009/16, which extended the strategic plan, 2008-2011, to 2013. It also responds to the guidance in General Assembly resolution 63/232. The MTR sharpens the organization's strategic direction to guide UNFPA in its work during 2012 and 2013, based on lessons learned.

Based on a combination of a series of internal and external reviews, and a broad consultative process that involved numerous key stakeholders from both inside and outside the organization, the MTR examines the changing context within which UNFPA operates, and reviews the progress, achievements and challenges in the implementation of the strategic plan from 2008 to 2010. As such, it complements the detailed analysis contained in the annual report of the Executive Director, DP/FPA/2011/3 (Part I) and its annex (available separately on the UNFPA website) and DP/FPA/2011/3 (Part I) Add.1.

The overarching conclusion of the MTR is that while UNFPA has much to be proud of, the full potential of the organization is still to be realized. A series of key challenges have been identified relating to the organization's ability to deliver both development and management results. The proposed revised strategic direction and results frameworks address these challenges, strengthening the organization's focus and prioritizing the issues the organization faces to present a streamlined set of outcomes and outputs. Clear indicators that strengthen the organization's accountability for results are also included. An integrated financial resources framework lays out the estimated resources needed to implement the remainder of the plan.

Elements for a decision are contained in the present report.

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List of acronyms

AWPs	Annual workplans
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CPR	Contraceptive prevalence rate
DRF	Development results framework
EmONC	Emergency obstetric and newborn care
FGM/C	Female genital mutilation/cutting
GBV	Gender-based violence
GRP	Global and regional programme
H4+	Health 4+ partnership (WHO, UNFPA, UNICEF, the World Bank and UNAIDS)
ICPD	International Conference on Population and Development
LDCs	Least developed countries
MDGs	Millennium Development Goals
MISP	Minimum Initial Service Package
MMR	Maternal mortality ratio
MOPAN	Multilateral Organisations Performance Assessment Network
MRF	Management results framework
MTR	Midterm review
NDPs	National development plans
NEX	National execution
NGOs	Non-governmental organizations
OFA	Operating fund account
PAD	Performance appraisal and development
PRSs	Poverty reduction strategies
PRSPs	Poverty reduction strategy papers
RBM	Results-based management
RHCS	Reproductive health commodity security
SDPs	Service delivery points
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS

I. Introduction

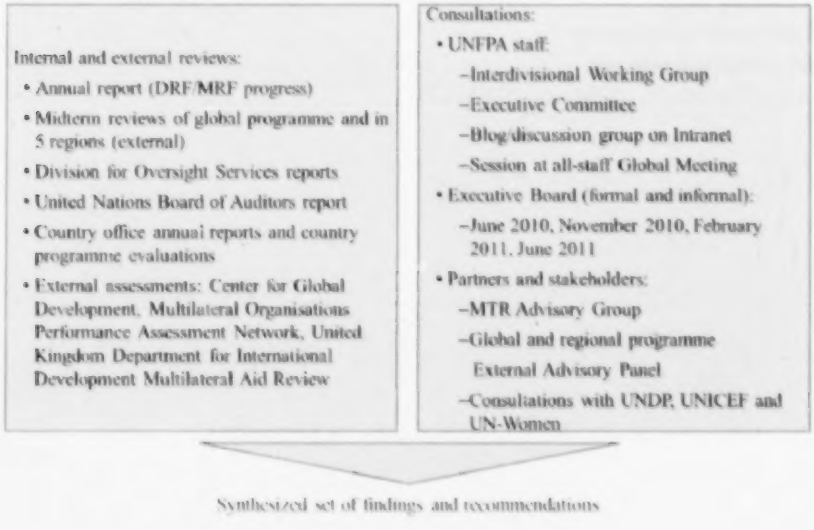
1. The present report is submitted in response to Executive Board decision 2009/16, which extended the strategic plan, 2008-2011, to 2013, and decision 2011/13 (item 9), which postponed the presentation of the midterm review (MTR) of the strategic plan to the second regular session 2011. It also responds to the guidance in General Assembly resolution 63/232. The MTR report examines the changing context within which UNFPA operates, and reviews the progress, achievements and challenges in the implementation of the strategic plan from 2008 to 2010 complementing the detailed analysis contained in the annual report of the Executive Director, DP/FPA/2011/3 (Part I) and its annex (available separately on the UNFPA website) and DP/FPA/2011/3 (Part I)/Add.1, and sets out a revised strategic direction for the organization, including the revised development results framework (DRF) and the revised management results framework (MRF) based on the lessons learned.

2. Following the introduction, section II of the present report describes the MTR scope and process. Section III focuses on the context. Section IV provides a summary of progress, selected achievements and key challenges during 2008-2010. Section V, entitled Future directions, 2012-2013, focuses on prospective elements, including the strategic direction for the organization, the new conceptual framework and a description of the revised DRF and MRF. Section VI presents the integrated financial resources framework and describes the resources needed to attain the strategic plan results. Section VII focuses on operationalizing the revised strategic plan, including the steps needed to develop the next strategic plan, 2014-2017. Section VIII contains elements for a decision. The revised DRF and MRF are contained in annex I and annex II, respectively.

II. Midterm review scope and process

3. The MTR process has had both retrospective and prospective elements. The retrospective part reviewed achievements and challenges in implementing the strategic plan from 2008 to 2010 and examined implications of the changing global context. This was done through a combination of analytic work (both internal and external) and consultation (see figure 1).

Figure 1: MTR process


Internal and external reviews:
• Annual report (DRF/MRF progress)
• Midterm reviews of global programme and in 5 regions (external)
• Division for Oversight Services reports
• United Nations Board of Auditors report
• Country office annual reports and country programme evaluations
• External assessments: Center for Global Development, Multilateral Organisations Performance Assessment Network, United Kingdom Department for International Development Multilateral Aid Review
Consultations:
• UNFPA staff:
–Interdivisional Working Group
–Executive Committee
–Blog/discussion group on Intranet
–Session at all-staff Global Meeting
• Executive Board (formal and informal):
–June 2010, November 2010, February 2011, June 2011
• Partners and stakeholders:
–MTR Advisory Group
–Global and regional programme External Advisory Panel
–Consultations with UNDP, UNICEF and UN-Women
Synthesized set of findings and recommendations

4. The forward-looking part examined how UNFPA could better fulfil its mission by sharpening the strategic focus of the organization (including revising the results frameworks) and updating the resource estimates for the remaining period of the plan. The process examined a range of "big-picture" questions that arose from internal and external stakeholders (including the Executive Board), although the exercise was intended to strengthen the strategic plan rather than to fundamentally overhaul it.

5. Topics addressed included what issues the organization should work on (for example, whether the organization should continue to have the three focus areas of population and development, reproductive health and rights, and gender equality, or if instead it should narrow its focus); what role the organization should play (for example, whether it can best support countries by delivering services, by generating evidence, by building capacity, or by advocating, providing policy advice and helping drive innovation); and where the organization should work (for example, whether it should continue to operate extensively across the globe or reduce its geographical coverage).

6. As with the retrospective review, the future directions were discussed both internally and with the stakeholders listed above. Any pertinent contributions from these partners that extended beyond the scope of this revision of the strategic plan will be factored into the development of the next strategic plan, 2014-2017.

III. Context

7. The overall UNFPA mandate – based on the Programme of Action of the International Conference on Population and Development (ICPD) and the Millennium Development Goals (MDGs) – and the guidance from General Assembly resolution 62/208, other pertinent resolutions of the General Assembly and Economic and Social Council, and Executive Board decisions drive the strategic plan. But the world has changed since the inception of the plan and both external and internal events and trends impact UNFPA work. Therefore, these developments have been taken into consideration in developing the future directions for the organization, so that UNFPA is best positioned to support countries in implementing the ICPD Programme of Action and achieving the MDGs.

8. Key elements of the ICPD agenda remain incomplete, and while only a few years remain until the 2015 completion date for the MDGs, many of the goals are still far from being met. Of particular concern is the fact that the Millennium Development Goal that UNFPA most directly contributes to - MDG 5, on improving maternal health - has recently been found to be the furthest from attainment.[1] Partly as a result, maternal health, and sexual and reproductive health (SRH) more broadly, has been the focus of renewed attention in recent years, both at the United Nations and at the regional and national levels, creating an opportunity for UNFPA.

9. As the world nears the seven billion mark in 2011 and concerns about the sustainability of development grow, population dynamics and family planning are under the spotlight. World population growth has slowed but fertility is still high in many countries. At the same time, the world is seeing the largest-ever cohort of young people. Meanwhile, many countries face challenges associated with low fertility leading to ageing populations. Increased migration and urbanization are especially important today.

[1] World Bank and International Monetary Fund, *Global Monitoring Report 2011*.

10. Despite attention to these issues, a changing political climate means that while there was broad consensus on the ICPD agenda in 1994 that unanimity cannot be taken for granted today, posing a challenge for the next phase of UNFPA work.

11. The broader geopolitical and economic environment has also shifted since the development of the strategic plan in 2007. A number of countries that traditionally received aid are now middle-income, and, given the robust growth rates in many parts of the world, many others are transitioning into middle-income status. These developments suggest new modalities for the United Nations engagement, especially as a number of these countries are potential donors and/or important providers of South-South cooperation. The global financial crisis led to fiscal challenges for many donors, but although this put pressure on development assistance budgets, official development assistance reached an all-time high in 2010, at $128.7 billion.[2]

12. These shifts affect the role of development assistance, with commitments in Paris and Accra putting more emphasis on capacity development and on national ownership and execution. In the United Nations this has been reflected through a trend of moving more upstream, from delivering things to delivering thinking. This presents important challenges to the role and basic business model of the organization, implying a new way of working with partners and assessing performance. Simultaneously, there is also growing demand for increased accountability for results, as reflected in the emergence of performance assessment initiatives organized by donors and other stakeholders.

13. Inside the United Nations, a number of developments also affect UNFPA. Reform efforts continue, with an emphasis on "delivering as one". While the establishment of UN-Women may impact the role of UNFPA in gender equality, the full implications are not yet known.

14. These developments highlight both challenges and opportunities for UNFPA, which have been factored into the development of the future directions described below.

IV. Summary of progress, selected achievements and key challenges, 2008-2010

15. The overarching conclusion of the MTR is that while UNFPA has much to be proud of, its full potential is still to be realized. As noted in section I, detailed analysis of the strategic plan implementation from 2008 to 2010 is contained in the annual report of the Executive Director. The present section provides a brief summary of progress and highlights selected achievements. It focuses primarily on the lessons learned from the MTR about the key areas in which UNFPA needs to improve to accelerate progress on the ICPD agenda and the MDGs and make UNFPA more efficient and effective. These areas are the particular focus of the revision of the strategic plan.

16. The presentation of findings is based on the structure of the strategic plan's two results frameworks:

- The development results framework defines the organization's work on the ICPD agenda, setting out the areas where UNFPA is seeking to assist countries in improving high-level developmental and health outcomes.

[2] Organisation for Economic Co-operation and Development, "Development aid reaches an historic high in 2010", http://www.oecd.org/document/35/0,3746,en_2649_34447_47515235_1_1_1_1,00.html.

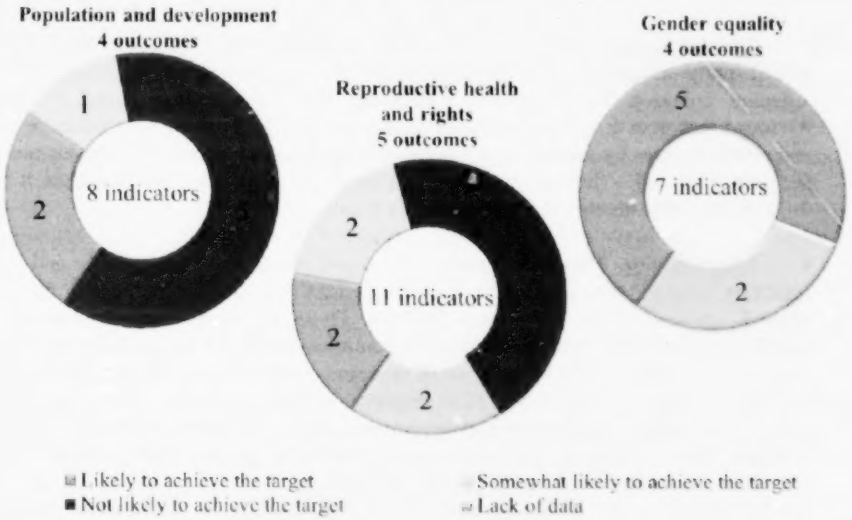
- The management results framework focuses on the operational matters that are necessary for UNFPA to contribute effectively and efficiently to the broader development results.

A. Development results

1. Progress

17. The DRF has three focus areas: population and development, reproductive health and rights, and gender equality. These are in turn divided into 13 outcomes, which are measured through 26 indicators. Figure 2 depicts the progress toward the 2011 targets set in the strategic plan, summarized from the annex of DP/FPA/2011/3 (Part I). Overall, only nine targets have been or are likely to be achieved by the original target date of 2011, while 10 targets are unlikely to be met. Progress has been variable in the three focus areas, with the most success being seen in gender equality.

Figure 2: DRF progress



2. Selected achievements

18. There have been notable achievements in each of the three areas. In population and development, nearly 95 per cent of countries now conduct surveys that include ICPD issues. UNFPA has also provided capacity-building support to nearly 80 countries in the preparation of the 2010 round of censuses, particularly in data analysis. The youth peer education network has grown from 5,000 members in 36 countries in 2007 to currently about 20,000 members in over 45 countries.

19. In the area of reproductive health and rights, UNFPA has worked closely with the H4+ partnership on strategies to reduce maternal and neonatal mortality. Capacity-building efforts have focused on areas such as midwifery training and reproductive health commodity security (RHCS), where UNFPA has helped improve availability of critical products such as contraceptives and maternal health medicines in more than 30 countries. The Campaign to End Fistula has helped repair more than 6,000 cases in 42 countries and helped secure

attention and resources for fistula prevention, treatment and social reintegration. Efforts to develop capacity have resulted in considerable progress in implementing the Minimum Initial Service Package (MISP) in humanitarian settings, with the package now being implemented in more than 80 per cent of humanitarian settings. A UNFPA initiative on condoms provided support to 74 countries in 2010.

20. In gender equality, UNFPA and UNICEF jointly implement the world's largest programme to accelerate the abandonment of female genital mutilation/cutting (FGM/C), which utilizes a human rights-based approach to support the development and implementation of laws, policies, and programmes. Support to national capacity-building has also strengthened mechanisms to monitor and reduce gender-based violence (GBV): more than 90 per cent of countries now have such systems.

3. Key challenges

21. Despite these successes, the overall progress has clearly been insufficient, so the MTR focused on identifying the key challenges that would need to be addressed to improve performance. Four key lessons have been learned in this context:

- Strategic focus. As a result of a siloed approach with three focus areas that are insufficiently integrated, UNFPA is perceived as not having a clear strategic focus, reducing cohesion internally and weakening the organization's brand externally. Although resources are not split equally across the three focus areas – reproductive health and rights receives by far the largest share of programmatic resources (approximately 60 per cent per year) – the fact that the focus areas are officially coequal makes it more difficult to clearly identify the organization's focus.

- Fragmentation. UNFPA resources are spread too thinly both globally and within countries, reducing the organization's ability to show impact. Globally, nearly 50 offices spent $2 million or less per country in 2010. Trying to reach everywhere means that insufficient resources are available for the countries facing the largest problems: to use one indicative metric, half of all cases of maternal mortality occur in only six countries, but UNFPA allocates 16 per cent of its resources to these countries. The impact of these resources is further diluted at country level when country offices try to work in numerous outcome areas despite having very small budgets. A recent review found that the allocation of resources at country level between the three focus areas fell into very narrow ranges, which suggests that UNFPA programming is not always adequately tailored to local needs and capacities and instead attempts to address all aspects of the organization's mandate everywhere. Compounding this is the practice of using numerous implementing partners that are administered through myriad annual workplans (AWPs): in 2010, UNFPA had more than 1,400 implementing partners and handled more than 2,300 AWPs, which generated small projects unable to reach scale and show impact; led to inefficiencies; and posed significant financial management challenges, as discussed below.

- Clarity on UNFPA role. Despite the broader shift under way within the United Nations from delivering things to delivering thinking, UNFPA has not systematically grappled with how this influences its work at country level and the organizational requirements to be effective in this new paradigm. This issue is especially acute in middle-income countries, where the challenges often relate to issues such as inequality and marginalized populations: reaching the poorest populations in these countries will require different organizational responses than in least developed countries (LDCs) in which most of the population is underserved.

- Measurement. Several challenges associated with the measurement system have made it more difficult to assess progress over the initial years of the strategic plan. For example, the outcome indicators included in the DRF were often not measurable on a regular basis. Additionally, UNFPA contributions to higher-level results were often difficult to capture accurately, since the DRF indicators were primarily the joint responsibility of countries and UNFPA, and were not complemented by other metrics that enabled assessment of the Fund's direct contributions.

22. In summary, although significant progress has been made in some areas of the DRF, the organization has the potential to do more and better. The review has identified a series of challenges that should be addressed over the remainder of the strategic plan.

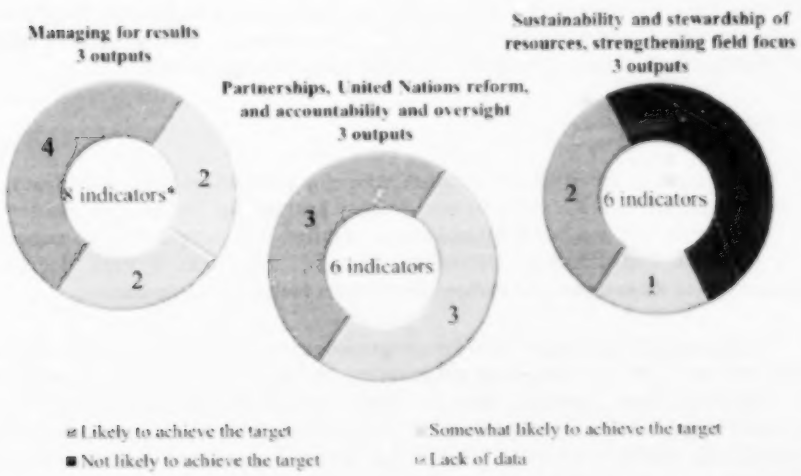
B. Management results

1. Progress

23. The MRF has 19 indicators in nine outputs, which in the original strategic plan were grouped under six themes. As with the DRF, progress has been uneven, with less than half of the indicators on track to meet the targets by 2011 (figure 3). However, two challenges with the MRF have made it difficult to draw conclusions based on this evidence.

24. First, nearly one third of the indicators did not have data available in 2010. Secondly, indicators in the MRF were not always at the appropriate level or had too narrow a scope, making it difficult to draw conclusions about the overall performance on an output. For example, one indicator for the output "UNFPA maintains motivated and capable staff" was "Recruitment time from advertisement of post to provisional offer". This indicator captures only one part of the process of ensuring that UNFPA is adequately staffed, missing entirely a more fundamental issue, the fact that in 2010 more than one sixth of all UNFPA posts were vacant.

Figure 3: MRF progress



* For this summary a total of 20 indicators are considered because the indicator on recruitment time from advertisement of post to provisional offer is split in two indicators, for international posts and local posts.

2. Selected achievements

25. Despite these measurement challenges, progress has clearly been made in some areas. In the area of results-based management (RBM) and evidence-based programming, activities have been occurring across the organization. Globally, for example, an optimization initiative, the launch of the evaluation policy, and the development of guidance on evidence-based programming have begun to improve the organization's capacity (as reflected in the fact that the compliance rate for country programme evaluation jumped from 35 per cent in 2009 to 78 per cent in 2010). At the regional level, offices have developed peer learning networks to share lessons and have introduced quality assurance mechanisms. Nonetheless, more work is needed to ensure that the principles of RBM and evidence-based programming are systematically employed throughout the organization.

26. In the area of human resources, UNFPA has maintained high levels of staff satisfaction and motivation, and ranks as one of the most recommended places to work within the United Nations system. The performance appraisal and development (PAD) system is used systematically across the organization and has high completion rates with other organizations expressing interest in adopting the tool. UNFPA has designed and deployed a face-to-face training module on supervisory accountability for ethical behaviour in the workplace, and has had full compliance for the financial disclosure programme.

27. UNFPA also scores well in its partnership efforts, such as in contributing to policy dialogue at country level, as assessed, for example, in the 2010 Multilateral Organisations Performance Assessment Network (MOPAN) review. UNFPA has been recognized for contributing to United Nations reform efforts, at global (e.g., chairing committees and task-teams), at regional (e.g., leading strategic exercises in areas such as youth and maternal health), and at country (e.g., through joint initiatives) levels. UNFPA also now has a recognized place in responding to humanitarian crises.

28. Despite a very challenging macroeconomic environment, UNFPA has exceeded the funding targets in the strategic plan. Finally, some important steps have been taken on strengthening the organization's field focus: the reorganization process has recently been physically completed, and while there are regional variations, in general country offices rate the relevance and quality of support from regional offices positively.

3. Key challenges

29. The combination of the MRF performance review, supplemental internal analyses, the reports of the external and internal auditors, country programme evaluations, assessment reports by partners, and the MTR consultations resulted in a long list of management areas in need of improvement. Ultimately, though, there was a high degree of convergence on the most important management issues facing the organization:

- Programme effectiveness. UNFPA programming needs to become more effective across the spectrum from designing programmes, to implementing them, to monitoring and evaluating them. Currently, there is limited demand for and use of evidence for decision-making across the organization. As a result, UNFPA programming is not systematically driven by evidence, either in the form of lessons learned from evaluations or through research findings generated by others (although progress has been made in basing country programmes on situation analyses and survey results). In the course of implementation a greater focus must be placed on utilizing RBM principles. Monitoring

and evaluation need to be strengthened at all levels – nationally, regionally, and globally – and used systematically to guide decision-making.

- Stewardship of resources. The MRF output on stewardship of resources was the only output where all indicators were significantly off-track. Moreover, UNFPA was given a qualified audit by the United Nations Board of Auditors in the last biennium. According to current estimates, the level of unsupported expenditure in national execution (NEX) in 2010 does not as yet show a decline from the previous year. Although policies have been developed to address these issues, compliance with them remains a challenge. Other management decisions also unnecessarily increase risk and reduce efficiency. In particular, the proliferation of implementing partners noted above makes financial management more difficult. In country offices with 30 or more implementing partners, nearly 20 per cent of NEX audits of partners had negative findings, while in country offices with fewer than 10 implementing partners, that percentage decreased by half.

- Human resources. Although some aspects of the hiring process have accelerated in recent years, the organization still had a vacancy rate of 17 per cent in 2010, meaning that one in six posts is vacant. This has significant implications for the capacity of the organization to implement according to its plans. Additionally, the organization faces a wave of retirements, with nearly one third of senior staff projected to retire in the next five years. A related concern is the management of staff performance: only 30 per cent of staff feel that underperformance is handled appropriately. Considerable efforts have been made to strengthen the UNFPA PAD system with the important result that nearly all staff are currently assessed, but the way the system is used does not adequately address underperformance: in 2010, 97 per cent of staff were assessed as either fully proficient or excellent, with only 3 per cent rated as partially or not proficient.

- Resource mobilization. UNFPA has managed to reach its resource mobilization targets over the course of the strategic plan but this was nonetheless considered a key challenge for two reasons. First, the percentage of resources contributed as regular (core) funding is declining, having dropped from 63 per cent of income in 2007 to 58 per cent in 2010. Secondly, UNFPA relies heavily on a small number of donors: 96 per cent of regular contributions in 2010 were from the 15 largest donors, creating a considerable risk. The number of countries donating to UNFPA has dropped in recent years, from 182 in 2007 to 150 in 2010. Development assistance from emerging economies such as Brazil, China, India, Russian Federation and Saudi Arabia and from the private sector (including foundations) has increased enormously in recent years, but this still amounts to only a small fraction of contributions to UNFPA.

30. UNFPA has the potential to achieve operational excellence by addressing the four above-mentioned challenges, which together comprise the key elements of how the organization manages itself, which in turn shapes the organization's ability to achieve development results on the ground.

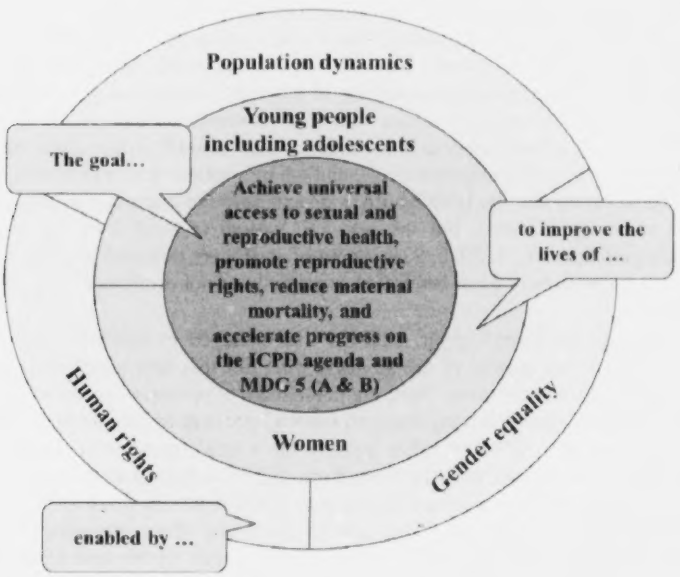
V. Future directions, 2012-2013

31. UNFPA is at an inflection point, with a changing external environment and insufficient progress on the ICPD agenda both posing challenges and creating opportunities. Building on the key findings and analysis from the MTR, this section examines how the organization should shift course over the next two years.

A. Strategic direction

32. To improve the strategic focus of the organization, the MTR process re-examined the division of the DRF into three focus areas, as well as the question of the most critical target audiences for UNFPA work. As a result of this, a revised goal has been developed, which is depicted in figure 4.

Figure 4


Population dynamics
Young people including adolescents
The goal...
Achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5 (A & B)
to improve the lives of ...
Women
Human rights
Gender equality
enabled by ...

33. The goal is to achieve universal access to SRH (including family planning), to promote reproductive rights, to reduce maternal mortality, and to accelerate progress on the ICPD agenda and MDG 5 (A and B), in order to empower and improve the lives of underserved populations, especially women and young people (including adolescents), enabled by an understanding of population dynamics, human rights and gender equality, and driven by country needs and tailored to the country context.

34. To accomplish this goal, UNFPA will continue to coordinate and work in partnership with other United Nations agencies, multilateral and bilateral organizations, national governments, non-governmental organizations (NGOs), including faith-based organizations, academic institutions, and the private sector. In working with these partners, UNFPA will focus on its comparative advantage as a thought-leader, advocate, and partnership-broker to advance the ICPD agenda and the MDGs.

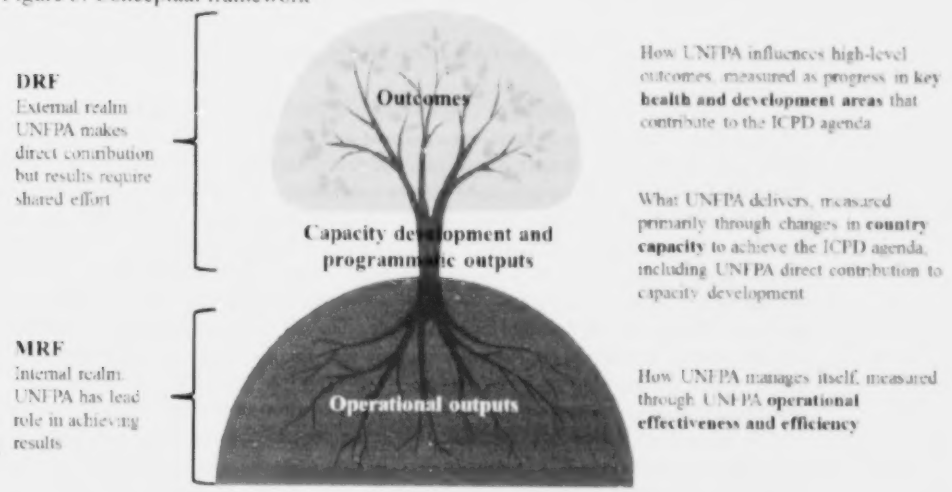
B. Improving accountability for results

1. Conceptual framework: Linking the DRF and the MRF

35. To deliver on the strategic direction, mechanisms that ensure accountability for results within UNFPA must be strengthened. The organization's results frameworks, i.e., the DRF and MRF, are the key tools for this, as they both delineate UNFPA priorities and are mechanisms to assess performance regularly. Therefore, the MTR has put considerable emphasis on updating the two results frameworks.

36. The first step in this process was to clarify the conceptual framework for UNFPA results. The DRF and the MRF are both integral parts of the overall chain of UNFPA results, but the connection between the activities UNFPA is carrying out directly and the higher-level development results has not been sufficiently clear. The Executive Board, in decision 2010/32, specifically asked UNFPA to strengthen this linkage. A simple scheme has been developed for this and is shown in figure 5.

Figure 5: Conceptual framework


DRF
External realm
UNFPA makes direct contribution but results require shared effort
Outcomes
How UNFPA influences high-level outcomes, measured as progress in key health and development areas that contribute to the ICPD agenda
Capacity development and programmatic outputs
What UNFPA delivers, measured primarily through changes in country capacity to achieve the ICPD agenda, including UNFPA direct contribution to capacity development
MRF
Internal realm
UNFPA has lead role in achieving results
Operational outputs
How UNFPA manages itself, measured through UNFPA operational effectiveness and efficiency

37. The branches of the tree are the highest-level results to which UNFPA contributes, which are often measured through internationally agreed indicators such as those for the MDGs, for example, contraceptive prevalence rate (CPR), maternal mortality ratio (MMR), and HIV prevalence. Many actors contribute to these outcomes[3] and accountability for progress is primarily with countries themselves, rather than with external partners such as UNFPA. Nevertheless, all UNFPA work is driving toward change at this level and the organization does influence it, so it is appropriate that UNFPA performance is in part measured by progress at this level. However, it is often not possible to set targets for and measure progress on these indicators on an annual basis. Instead, UNFPA will measure trends and assess whether progress is being made toward longer-term targets (for example, the 2015 targets for the MDGs).

[3] This level is described as the "outcomes", but in strict monitoring and evaluation terminology it encompasses both goal-level indicators and outcome indicators. In this, UNFPA is following the approach of the Millennium Development Goals, the indicators for which also combine multiple levels.

38. The intermediate level represented by the trunk of the tree has been a gap in the UNFPA measurement system to date. This level – which is also part of the DRF – reflects the fact that the heart of the organization's direct contribution to achieving outcomes is its role in developing capacity, so countries themselves can achieve the ICPD agenda. The indicators at this level track outputs both in terms of improved country capacity (as measured by, for example, reduction in the percentage of countries that have stock-outs for contraceptives) and through the direct contributions that UNFPA makes (for example, the number of logistics managers trained). Accountability at this level is shared with countries but the direct role of UNFPA is more important here. As such, the inclusion of this level will significantly strengthen the results chain, bolstering the organization's ability to assess its programmatic performance.

39. The roots of the tree represent the Fund's ability to manage itself effectively and efficiently, and so provide a solid foundation for the higher-level results described above. UNFPA is directly accountable for the outputs of this area – as reflected in the MRF – although performance on some MRF indicators does rely on the partners with which UNFPA works.

2. Key principles for revising the results frameworks

40. Several principles guided the revision of the results frameworks:

- Consolidate by prioritizing. The desire to undertake a wide range of activities had resulted in a proliferation of outcomes/outputs and indicators, with the consequence that it has been difficult to identify organizational priorities or to assess overall performance. Therefore, the first guiding principle was to consolidate the number of outcomes/outputs and indicators by prioritizing areas in which improvement would contribute the most to the organization's ability to advance the ICPD agenda. As a result, some important areas are no longer singled out as separate outcomes/outputs, particularly if they have been mainstreamed in the Fund's daily work or if they do not reflect areas in which UNFPA needs to focus on improving. For example, United Nations reform is important to UNFPA work, but the MTR findings suggest that this has been institutionalized within the organization and that partners generally rate UNFPA well in this area, and so it is no longer addressed in a stand-alone output. The implication of this principle is that the new results frameworks will not contain all of the topics considered important by some stakeholders. However, this is outweighed by the considerable benefits of having more streamlined and prioritized results frameworks.

- Avoid doing everything everywhere. Given the organization's budget and capacity, it will never be able to address all aspects of the ICPD agenda everywhere, a recognition that necessitates careful choices about where to put the organization's emphasis. These choices should be driven by a combination of the organization's comparative advantages and the needs, capacities, and expressed interest of the countries in which UNFPA works. The principle of not doing everything everywhere will improve the Fund's ability to provide assistance to and measure its progress in those countries that have prioritized particular aspects of the ICPD agenda in their own national strategies. Additionally, not overextending will enable UNFPA to be a more effective partner in the international efforts that identify specific sets of countries on which they focus.[4]

- Avoid "silo" thinking. Another principle guiding the revision of the frameworks was to structure them around matters of organizational importance rather than based on

[4] Such as the Global Strategy for Women's and Children's Health and the UNAIDS Global Strategy.

the existing organizational structure. "Silo" thinking has been too common in the results frameworks, leading to inefficiency from insufficient collaboration. The results frameworks now reflect corporate priorities to which multiple parts of the organization should contribute. For example, although there is an output that focuses on human resources management, this has been designed so that responsibility for this output does not rest solely with the Division for Human Resources; rather, human resources management must be a priority across the organization, to which all units must contribute.

- Improve measurability. The final guiding principle was to improve the measurability of the results frameworks. A strong emphasis was placed on ensuring that indicators could be measured on a regular basis, in response to the fact that no performance data were available by the end of 2010 for 10 of 45 (22 per cent) DRF and MRF indicators. For several others, only less recent data were available. Also, targets had only been established for the end of the strategic plan rather than for each year, limiting the ability to track performance and make course corrections in midstream.[5] Another key element of improving measurability has been the development of metadata sheets for each indicator. These provide detailed definitions, methods of calculation, data sources, and the frequency of measurement, and act as an important mechanism to ensure the reliability of the measurement system as well as to promote transparency.[6] Finally, the MRF indicators were selected to focus on the specific organizational behaviours that need to be improved, and to create incentives to change these behaviours.

C. Sharpening the focus for development results

1. Focusing the DRF

41. The new DRF strengthens UNFPA focus by consolidating and focusing on a limited set of strategic priorities, as reflected in a reduction in the number of outcomes from 13 to 7. Additionally, in line with the strategic direction, an integrated agenda of population and development, SRH and reproductive rights, and gender equality has been developed, meaning that the outcomes under the DRF are no longer compartmentalized into three areas but instead form a coherent package of core areas where the organization will focus its efforts in the remaining two years of the strategic plan.

2. DRF outcomes and outputs

42. The revised DRF is structured along the following lines: it starts at the higher policy level with an initial outcome on the integration of population dynamics and its interlinkages with the needs of young people (including adolescents), reproductive health, gender equality and poverty reduction into national and sectoral plans and strategies. It then presents three outcomes that deal with issues of access to maternal health care, family planning and HIV/sexually transmitted infection (STI) services. Although these are presented as separate outcomes, they will be operationalized through an integrated approach to the maximum extent possible.

43. The fifth outcome deals with gender equality and reproductive rights, and the sixth outcome focuses on young people. The circle is completed by an outcome that relates to data

[5] In a few cases, it is not possible to have annual targets, as some important indicators – such as those for the MDGs and for the United Nations General Assembly Special Session on HIV/AIDS – cannot be measured annually.
[6] The metadata sheets will be publicly available on the UNFPA website.

collection, analysis and dissemination that cuts across the previous six outcome areas and links back to the first outcome in terms of ensuring the need for quality data to influence policy development.

44. As described in section V, capacity-building and programmatic outputs have been included in the DRF. For each outcome, UNFPA is directly contributing to national progress through several outputs that reflect changes in country capacity to achieve the ICPD agenda, resulting in a total of 18 outputs. Because the outputs are about capacity development, they reinforce each other, frequently contributing to more than one outcome. For example, capacity development on family planning will also benefit services for maternal health and contribute to reducing maternal mortality.

45. The full set of outcomes, outputs and the indicators and targets are included in annex I.

Outcome 1: Population dynamics and its interlinkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies.

46. In the area of population, the comparative advantage of UNFPA lies in the effective utilization of population analysis for poverty diagnosis and scenario building, and the ability to provide cross-cutting thematic analysis linking population dynamics with health, gender, and adolescent and youth policies. UNFPA will work with governments and other partners to integrate SRH services (including family planning) into national health sector policies and plans. Similarly, the organization will work with its partners to include the issues of young people (including adolescents) in poverty reduction strategies (PRSs) and national development frameworks and to promote the right of young people (including adolescents) to participate at all levels of policy development, implementation and monitoring.

Outcome 2: Increased access to and utilization of quality maternal and newborn health services.

47. UNFPA will have a strong focus on maternal health care as part of reproductive health. The organization will work closely with H4+ and other partners in support of the Global Strategy for Women's and Children Health, and other initiatives such as the Campaign on the Accelerated Reduction of Maternal Mortality in Africa (CARMMA). UNFPA will support capacity development in the implementation of national human resource policies (particularly to increase midwifery skills), for the provision of basic emergency obstetric care, and for the management of the complications of unsafe abortion. Increased emphasis will be placed on addressing maternal morbidities such as obstetric fistula.

Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions.

48. UNFPA will strengthen its focus on family planning, including its integration within comprehensive reproductive health services and linkages with maternal health care and HIV prevention. It will continue to support governments to strengthen reproductive health commodity security, including by building national capacities to manage the delivery of reliable supplies of a variety of modern contraceptives. UNFPA will also focus on strengthening demand for family planning through interventions at the community level.

Outcome 4: Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk.

49. Within the new UNAIDS division of labour, UNFPA will have a strong focus on the reduction of sexual transmission of HIV, the prevention of HIV in young people (including adolescents) and the prevention of mother-to-child transmission. Key interventions will include the scaling up of comprehensive condom programming, as well as addressing HIV in the context of sex work.

Outcome 5: Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policy.

50. UNFPA will continue to build national capacity to implement laws and policies that advance gender equality and reproductive rights with specific emphasis on addressing GBV, and will continue work on GBV in humanitarian settings as well as its partnership to eliminate harmful practices, including FGM/C. In addition, UNFPA will promote gender equality in the spirit of "One UN" commitments made by the entire United Nations system, coordinating with UN-Women and other agencies as needed. UNFPA will also continue to advocate for the protection and fulfilment of reproductive rights and will partner actively with civil society groups (including faith-based and community-based organizations) that engage men and boys in promoting gender equality and reproductive rights.

Outcome 6: Improved access to SRH services and sexuality education for young people (including adolescents).

51. UNFPA will strengthen its support for access to essential SRH services for young people, with special emphasis on reaching adolescent girls. UNFPA will support sexuality education for young people (including adolescents) and strengthen its efforts to build national capacities to design and implement age-appropriate, comprehensive sexuality education policies and curricula.

Outcome 7: Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, SRH (including family planning), and gender equality.

52. UNFPA will strengthen its efforts to improve national capacities for data analysis for evidence-based planning and programming around population issues and dynamics, young people (including adolescents), gender equality and SRH. A particular area of focus is data in humanitarian settings.

3. Cross-cutting issues

53. A number of issues cut across the seven outcomes and are presented here collectively to avoid repetition under each outcome.

Mainstreaming the needs of young people (including adolescents)

54. Though focused on specifically in outcome 6, the needs of young people (including adolescents) are addressed across all outcomes. UNFPA will strengthen its work with governments and other partners to advocate for increasing health, education and livelihood investments for young people (including adolescents), and for seizing demographic windows of opportunity, while also addressing the critical issues of SRH services, HIV prevention and

gender equality. Special attention will be given to promote the rights of young people (including adolescents), including their rights to participate at all levels of policy development, implementation and monitoring. UNFPA will focus on the most vulnerable and marginalized groups, in particular adolescent girls. Due to the multisectoral nature of issues related to young people, coordination with other partners is crucial.

Human rights and gender equality

55. Human rights and gender equality will continue to be mainstreamed across UNFPA operations using a culturally sensitive approach, with a focus on the poorest and most excluded groups. This includes using a human rights and gender-equality lens in the development of plans, policies, laws, and programmes. It also includes ensuring that women, young people and other vulnerable groups are informed of their rights and empowered to make decisions regarding their SRH and life options.

Inclusive partnerships and national ownership

56. UNFPA work across each of the outcome areas will remain based on principles of inclusive partnerships and support to national ownership. Governments will remain the key partners for UNFPA even as the organization builds new strategic collaborations with NGOs, including faith-based organizations, academic institutions and the private sector (balanced by the need to avoid a proliferation of partnerships, as noted above).

Humanitarian assistance

57. UNFPA will continue to support the integration of the ICPD Programme of Action into emergency preparedness, humanitarian response and transition and recovery processes. The UNFPA comparative advantage in humanitarian settings is in reproductive health, addressing GBV, and in the area of data. Such support is also essential during the transition period from emergency to development. The recent development of the second generation UNFPA humanitarian response strategy will help advance mainstreaming and make UNFPA activities more strategic, scalable and sustainable. UNFPA will continue to strengthen the capacity of regional offices to provide guidance and mobilize support for country offices to respond to SRH needs in emergency situations. UNFPA leadership role at the global level will be reinforced by increasing the focus on such strategic areas as partnership building and quality assurance, building on lessons learnt from recent emergencies in the Democratic Republic of the Congo, Haiti, Pakistan and the Sudan.

United Nations reform

58. UNFPA is deeply committed to United Nations reform. Joint programming at the country level and coordinated approaches at the global and regional levels will remain foundations of the organization's efforts. UNFPA will also continue to play a leading role in championing United Nations reform and will remain a strong advocate for the "delivering as one" agenda at all levels.

South-South cooperation

59. Across the seven outcome areas, UNFPA will strengthen its support for South-South cooperation to facilitate the exchange of knowledge and lessons learned and to build capacity for accelerating the implementation of ICPD Programme of Action and the MDGs. This represents a promising modality for the provision of technical assistance and expands the ways in which UNFPA engages with middle-income countries.

D. Achieving operational excellence

1. Focusing the MRF

60. Application of the principles described earlier in this section enabled a significant streamlining of the MRF, reducing the current nine outputs to four. The revised set of outputs addresses the key challenges outlined above, which are the managerial priorities for the next two years.

61. Focusing the MRF required difficult decisions, as areas such as partnerships and United Nations reform remain important for the organization but were ultimately not included as separate outputs; rather they have been mainstreamed. Other areas will be addressed outside the results frameworks, such as transparency, which will be improved through approaches such as a commitment to regularly publish performance data on the results frameworks on the UNFPA website.

62. The result is a limited set of areas in the MRF that, if addressed, will enable UNFPA to achieve operational excellence. To improve the Fund's ability to identify problems early and make midstream course corrections, the MRF outputs will be monitored more regularly than in previous years, with the senior management assessing performance on a periodic basis over the course of each year.

2. MRF outputs

Output 1: Enhanced programme effectiveness through strengthened results-based and evidence-based programming.

63. UNFPA ability to achieve impact depends on the quality of the programming that it delivers, primarily at country level. During the next two years, the emphasis will be on two aspects of this: RBM and evidence-based programming. UNFPA has developed tools in both areas and will focus on ensuring that these are utilized systematically and that the quality of programming improves as a result. One of the specific steps to accomplish this will be the introduction of a quality assurance mechanism to review all draft country programme documents for their compliance with a set of standards relating to RBM and evidence-based programming. Another step will be improving country programme evaluations, with an emphasis on ensuring that they are of high quality and that they inform programming.

Output 2: Strengthened stewardship of resources through improved efficiency and risk management.

64. Improving how UNFPA manages the resources entrusted to it will be a major focus over the remaining years of the strategic plan. One aspect of this is becoming more efficient by controlling costs associated with management and administration and improving implementation rates. Closely related to this is improving the efficiency with which UNFPA procurement is conducted, with a particular focus on reducing lead times for procurement.[7] A second key aspect involves responding specifically to the concerns raised by the United Nations Board of Auditors and the UNFPA Division for Oversight Services with regard to

[7] This indicator has been selected because of concerns raised about the current lead times for procurements. Another key aspect of procurement efficiency – the prices obtained – has been addressed in a structural change to the UNFPA approach to procurement: the organization now systematically coordinates with other entities that procure large quantities of reproductive health commodities to achieve economies of scale, thereby receiving prices that are already highly competitive internationally.

UNFPA expenditure at country level, particularly under the NEX modality. Strengthening financial management in this area will be a significant priority for the coming two years, with an emphasis on improving oversight of and building capacity of implementing partners in order to reduce negative audit findings, unsupported expenditure, and overdue advances. To address broader issues of the selection and management of implementing partners, such as the practice of some country offices of establishing partnerships with numerous implementing partners, a quality assurance system is being introduced to ensure that managers exercise their leadership roles rigorously, including by monitoring potential risk areas and enforcing adherence to risk mitigation measures.

Output 3: Appropriately staffed UNFPA with high-performing professionals fulfilling its mission.

65. UNFPA ability to succeed rests to a great extent on how it addresses human resources. The focus for this output is twofold: first, the organization will concentrate on ensuring that it has adequate staffing levels to carry out its mission; and secondly, it will prioritize strengthening the culture of accountability by improving how it addresses underperformance. Capacity gaps will be identified and investments made to equip staff with the necessary skills to better contribute to the organization's ability to deliver. To complement this, safe and secure working environments must be provided to all UNFPA staff. In turn, staff must uphold the highest standards of professional integrity, continuing the progress that has been made in strengthening the organization's ethical standards.

Output 4: Secured broad-based and stable funding to meet the strategic plan resource requirements.

66. The ambitious agenda described in this document cannot be achieved without resources. For the remainder of the strategic plan period, the focus is on both the quantity and the source of funding. The funding source is important because regular contributions – as opposed to those earmarked for specific purposes – enable the organization to more effectively and efficiently plan and implement activities. Additionally, UNFPA will focus on diversifying its funding base, including by pursuing increased contributions from emerging economies and the private sector. A more aggressive approach to resource mobilization will enable the organization to contribute even more to the acceleration of the ICPD agenda and the achievement of MDG 5.

67. The MRF output indicators and targets are included in annex II.

VI. Integrated financial resources framework

A. Resource needs and flows for ICPD

68. Donor assistance for the ICPD Programme of Action increased steadily until 2008, reaching $10.4 billion in 2008.[8] The trend has since stalled, with funding estimated to have remained at nearly identical levels in 2009 and 2010. It is projected to increase only slightly in 2011, to $10.8 billion. Domestic resources from developing countries have continued to increase, with a projected growth from $29.8 billion in 2009 to $34.0 billion in 2011.

[8] All figures quoted in this paragraph are from "Flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development: Report of the Secretary-General", E/CN.9/2011/5.

69. These figures remain well below the totals needed to achieve the objectives of the Programme of Action. That need was estimated at $49.0 billion in 2009 and is projected to increase to $68.2 billion in 2012 and $68.6 billion in 2013. UNFPA will accelerate its advocacy efforts to keep the ICPD Programme of Action high on the development agenda, consistent with the recent General Assembly resolution 65/234 on the follow-up to ICPD beyond 2014.

B. Resource requirements for 2012-2013

1. Income projections

70. UNFPA income for the 2010-2011 biennium is estimated at $1.561 billion (a provisional figure as final figures for 2011 are not yet available). Of this amount $962.7 million is from regular resources and $598.6 million from other resources. Based on the historical trends and the information provided by donors to date, UNFPA forecasts a total income at $1.7 billion for 2012-2013, of which $830 million is forecast for 2012 and $870 million for 2013. Of that total, $1.039 billion would be from regular contributions and $680 million from other resource contributions.

71. This represents a 10 per cent increase compared to the preliminary actual contributions for the current biennium. This change is modest given the need to accelerate progress on MDG 5 dramatically and is well below the historical growth rate evident in the bienniums from 2000-2001 to 2010-2011, over which period the compound growth rate was 16 per cent.

2. Linkages between the results frameworks and resources

72. In line with Executive Board decision 2010/32 UNFPA will "ensure comprehensive, transparent linkages to the institutional and management results frameworks of the respective strategic plans".

73. UNFPA will base its 2012-2013 budget on the priorities identified in the results frameworks, realigning resources to enable the attainment of the targets. This exercise is incomplete, as is the business plan, which is the vehicle that will deliver some of the changes in the MTR, so these linkages will be shown when the budget is presented to the Executive Board. At that time, an analysis will be presented on the ways resources have been reallocated based on the MTR.

74. As described above, the revised MRF has been streamlined to focus on the most important issues facing the organization. One implication of this is that the MRF outputs cannot be the sole responsibility of individual UNFPA divisions or units, as has historically been the case.[9] The corollary to this is that UNFPA divisions and units will contribute to multiple outputs.

[9] This is equally true for the outputs on human resources and on resource mobilization, which might appear to be the purview of the Division for Human Resources and of the Information and External Relations Division, respectively. One key lesson of the MTR is that these areas must be the responsibility of staff across the organization, such that, for example, supervisors in regional offices take underperformance seriously and UNFPA representatives assume responsibility for resource mobilization.

3. Resource requirements

75. A total of $1.752 billion will be used for programmes and the institutional budget during 2012-2013, which corresponds to a 20 per cent increase over the original projection for 2010-2011. However, expenditure in 2010 significantly exceeded the original projection, and using the 2010 actual figures as a base for the comparison suggests that expenditure will increase by less than 11 per cent.

76. The proposed use of resources represents a significant shift in the proportion of resources allocated to programmes as opposed to recurrent management costs: the percentage of total income allocated to recurrent management costs would fall from 15.8 per cent in the current biennium to 13.1 per cent in the next biennium, 2012-2013.

77. The programmes portion of the use of resources includes both country programmes and the global and regional programme (GRP). The same split of regular resources between country programmes and the GRP as originally envisioned for 2008-2011 (which was 11.1 per cent of regular resources) is maintained in the proposed use of resources.

Proposed resource requirements, 2012-2013[10]
(in $ millions)

	2010-2011 (original forecast)			2012-2013		
	Regular resources	**Other resources**	**Total**	**Regular resources**	**Other resources**	**Total**
Resources available						
Opening balance	51.7	278.4	330.0	55.3	191.9	247.2
Contributions and other income	950.0	450.0	1,400.0	1,038.8	680.0	1,718.8
Total available	1,001.7	728.4	1,730.0	1,094.1	871.9	1,966.0
Use of resources						
Programmes (net of cost recovery)[11]	689.4	498.2	1,187.6	820.6	639.2	1,459.8
Institutional budget						
Development effectiveness	53.1	5.7	58.9	52.7	7.7	60.4
Management						
Recurring costs	189.0	32.5	221.6	185.8	39.5	225.3
Non-recurring costs	8.9	-	8.9	5.9	-	5.9
Special purpose	5.9	-	5.9	-	-	-
Total institutional budget	256.9	38.3	295.2	244.4	47.3	291.6
Total use	946.4	536.5	1,482.8	1,065.3	686.5	1,751.8

[10] The numbers in this table are estimated and thus subject to change.
[11] This includes an allocation of 11.1 per cent of regular resources for the global and regional programme.

VII. Operationalizing the revised strategic plan

78. The strategic plan changes proposed in the present report will not come about overnight, but rather will occur progressively over the remaining years of the plan. Nor will the changes happen automatically simply as a result of inclusion in the plan: instead, they will require sustained focus from the organization's leadership and management discipline throughout UNFPA. Several processes have been designed to codify these changes, as described below.

A. Business plan

79. In concert with the MTR, the development of a business plan for 2012-2013 is under way. The MTR findings and conclusions have informed the business plan, and the business plan will include mechanisms to strengthen the delivery of the revised strategic plan. The business plan will improve efficiency by simplifying business processes, streamlining decision-making, and strengthening accountability.

B. Aligning global, regional and country levels

1. Country level

80. Following the Executive Board approval of the revised results frameworks, tools and guidelines for country offices will be updated to facilitate linking of country programmes to the revised outcomes and outputs. Planning meetings will be held in each region to help country and regional offices to align programme documents and action plans to the revised strategic plan.

81. Country offices will be responsible for translating the changes described in the revised strategic plan into local contexts, in conjunction with national partners. This process should be based on national ownership, needs and capacities, and should result in more focused country programmes that prioritize rigorously among the possible areas in which UNFPA can work. Importantly, country programmes are not expected to link to all outcomes and outputs: instead, they would focus only on those that are relevant for the specific contexts. Country programmes that contain activities outside the scope of the revised results frameworks will be expected to transition away from these activities (although this is expected to occur gradually to minimize programmatic disruptions).

82. As a result of the combination of increased focus on the key areas in which UNFPA can make the most difference and better tailoring to the specificities of local contexts, country programmes are expected to become more diverse, moving away from a "one size fits all" approach in which programmes try to do everything everywhere and so are not sufficiently based on local context.

83. Implementation will also necessarily occur in a differentiated manner that is predicated upon country ownership and that responds to country needs and capacities. For example, the shift from delivering things to delivering thinking – from implementation support to more upstream work on policy dialogue and advocacy – will be based on local contexts. This bottom-up approach will be balanced, however, by a greater emphasis on utilizing quality assurance mechanisms to ensure that country offices meet minimum standards.

2. Global and regional levels

84. As per decision 2009/16, the UNFPA global and regional programme (DP/FPA/2007/19) has been extended until 2013. Following the Executive Board's approval of the revised results frameworks, the GRP will be aligned with the new outcomes and outputs, and activities and results will be developed for the period 2012-2013. UNFPA will use the lessons learned from implementation to develop a new GRP, which will be submitted to the Board with the new strategic plan for 2014-2017.

3. Reorganization

85. The UNFPA reorganization has only recently been physically completed, and the mechanisms to institutionalize the changes are still being rolled out. Additionally, an evaluation of the reorganization is planned for 2012. Therefore, no systematic review of the reorganization was undertaken during the MTR. As lessons are learned, they will influence how the organization approaches regionalization in real time (including through the business plan process), and will form an important input for the next strategic plan.

C. Strengthening the measurement systems

86. As discussed above, challenges with the measurement systems have inhibited the ability to assess UNFPA progress in recent years, and internal and external reviews highlighted the importance of improving the organization's measurement systems. Efforts to improve these systems have been under way for some time, and in the process of revising the results frameworks considerable emphasis was placed on learning from the experience in the initial years of implementing the strategic plan, as reflected in changes such as the increased emphasis on measurability in the development of indicators. Regular reviews of performance against the targets (particularly those in the MRF) will enable challenges to be identified in real time, facilitating efforts to address problems early. Additional efforts are needed going forward, particularly to strengthen links between country, regional, and global levels, both conceptually and in terms of management information systems that enable routine reporting on performance trends.

D. Developing the new strategic plan

87. A detailed road map for the development of the next strategic plan, 2014-2017, will be developed and presented to the Executive Board after the conclusion of the MTR process. A cumulative report on implementation of the current plan (including the revised results framework, the reorganization, and the global and regional programme) will be presented to the Executive Board in 2013.

88. The development of the next strategic plan will include topics that emerged during the MTR but that could not be comprehensively addressed in it, such as the full implications (which are still emerging) of the establishment of UN-Women for UNFPA work on gender and the systems for allocating and distributing resources (the modification of which was beyond the scope of the MTR). As noted above, the reform efforts launched as a result of the MTR process will occur progressively, and so they will serve as an important foundation for the next strategic plan. Finally, the MTR process has identified a number of lessons learned that will enable more robust systems to be developed (for example, to facilitate the collection of data, to document a planning and budget process in which the strategic plan is more clearly situated as the starting point for the development of the budget), and inform the process of developing the next strategic plan.

VIII. Elements for a decision

89. The Executive Board may wish to:

(a) *Take note* of the present report on the midterm review of the UNFPA strategic plan, 2008-2013, and *welcome* the strategic direction in the report to strengthen UNFPA accountability for results and operational excellence;

(b) *Endorse* the future directions as contained in the present report (DP/FPA/2011/11) and the focused set of outcomes and outputs as important steps towards achieving the ICPD goals and contributing to the Millennium Development Goals;

(c) *Approve* the revised development and management results frameworks and the integrated financial resources framework for 2012-2013 contained in the report (DP/FPA/2011/11) and *encourage* all countries to assist UNFPA to reach the total figure for regular and other resources for the period 2012-2013, including through multi-year pledges;

(d) *Stress* the importance of regular resources for the effective implementation of the strategic plan and *encourage* countries to increase their contributions to the regular resources of UNFPA;

(e) *Request* submission of the cumulative report on the strategic plan, 2008-2013, at the annual session 2013, and the new strategic plan at the second regular session 2013.

Annex I: REVISED DEVELOPMENT RESULTS FRAMEWORK[1]

Goal: To achieve universal access to sexual and reproductive health (including family planning), promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5 (A & B)				
Outcome 1: Population dynamics and its interlinkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies				
Key indicator(s)				
Number of countries that have national development plans (NDPs) and poverty reduction strategies (PRSs) that address population dynamics and its interlinkages with the multisectoral needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and sustainable development and poverty reduction *Baseline: 62 (2010)*				
Number of countries that have integrated sexual and reproductive health (SRH) services (including family planning) into national health policies and plans *Baseline: 54 (2010)*				
Output(s)	**Indicator(s)**	**2010 baseline**	**2012 target**	**2013 target**
1. Strengthened national capacity to incorporate population dynamics and its interlinkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction in NDPs, PRSs and other relevant national plans and programmes	1.1 Number (and percentage) of countries where UNFPA has supported capacity development initiatives to incorporate population dynamics issues in relevant national plans and programmes *(N=128)*[2]	31 (24%)	51 (40%)	61 (48%)
	1.2 Number of persons trained on how to incorporate population dynamics issues in national plans and programmes	750	1,225	1,450
2. Strengthened capacity for development of national health policies and plans with integrated SRH services (including family planning)	2.1 Number (and percentage) of countries where UNFPA has supported the development of national health policies and plans with integrated SRH services (including family planning) *(N=variable by year, based on country planning cycles: 2010:45; 2012:26; 2013:48)*	10 (22%)	18 (69%)	33 (69%)
3. Strengthened national capacity of young people (including adolescents) for participation in policy dialogue and programming	3.1 Number (and percentage) of countries supported by UNFPA that have institutional mechanisms to partner with young people (including adolescents) in policy dialogue and programming *(N=128)*	30 (23%)	40 (31%)	50 (39%)

[1] For each indicator below, details on the definitions, methods of calculation, data sources, and the frequency of measurement are contained in metadata sheets that are available on the UNFPA website.

[2] The notation "(N=128)" reflects the fact that each indicator has a defined set of countries to which it applies; in some cases this includes all UNFPA programme countries, whereas in other instances the indicator applies to a subset of countries, such as those in which a particular activity is occurring (for example, the development of national plans) or those that have been identified as part of existing international efforts (for example, the Global Strategy for Women's and Children's Health).

Outcome 2: Increased access to and utilization of quality maternal and newborn health services				
Key indicator(s)				
Maternal mortality ratio *Baseline: 290 (2008)*				
Births attended by skilled health personnel *Baseline: 63% (2008)*				
Number of countries with caesarean sections less than 5% of live births *Baseline: 46 (2010)*				
Output(s)	**Indicator(s)**	**2010 baseline**	**2012 target**	**2013 target**
4. Strengthened national capacity to implement comprehensive midwifery programmes	4.1 Number (and percentage) of countries where UNFPA has developed capacity for management of midwifery workforce policies *(N=49 countries in the Global Strategy for Women's and Children's Health)*	22 (45%)	30 (61%)	40 (82%)
5. Strengthened national capacity for emergency obstetric and newborn care (EmONC)	5.1 Number (and percentage) of countries where UNFPA has developed capacity for the upgrade of EmONC in subnational health plans *(N=49 countries in the Global Strategy for Women's and Children's Health)*	14 (29%)	24 (49%)	30 (61%)
6. Enhanced national capacity for prevention, treatment and social reintegration for obstetric fistula	6.1 Number of women treated for obstetric fistula with support from UNFPA	6,000	8,000	10,000
7. Increased capacity to implement the Minimum Initial Service Package (MISP) in humanitarian settings	7.1 Number of personnel trained on MISP through UNFPA support	3,900	4,200	4,500
Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions				
Key indicator(s)				
Contraceptive prevalence rate (modern methods) *Baseline: 55.2 (2009)*				
Unmet need for family planning *Baseline: 11.4 (2009)*				
Percentage of countries with service delivery points (SDPs) offering at least three modern methods of contraception *Baseline: 36.6 (2009-2010)*				

Output(s)	Indicator(s)	2010 baseline	2012 target	2013 target
8. Strengthened national systems for reproductive health commodity security (RHCS)	8.1 Number (and percentage) of countries supported by UNFPA with SDPs that have no stock-outs of contraceptives within the last six months *(N=13 Stream I countries in the RHCS global programme; the number has increased from 11 countries at the baseline in 2010)*	3 (27%)	8 (62%)	10 (77%)
	8.2 Number of national staff trained in logistics management through UNFPA support	225	360	450
9. Strengthened national capacity for community-based interventions for family planning	9.1 Number (and percentage) of countries where UNFPA has supported key demand generation interventions, especially for modern methods of contraception *(N=45 Stream I & II countries in the RHCS global programme)*	7 (16%)	20 (44%)	35 (78%)
Outcome 4: Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk				
Key indicator(s)				
HIV prevalence in youth (15-24 years) *Baseline: 0.3% (male) and 0.6% (female) (2010)*				
Percentage of women and men aged 15-49 who had more than one partner in the last 12 months who used a condom during their last sexual intercourse *Baseline: 48% of males (15-49) and 32% of females (15-49)*				
Output(s)	**Indicator(s)**	**2010 baseline**	**2012 target**	**2013 target**
10. Enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV	10.1 Number (and percentage) of countries that have completed an assessment of the linkages between SRH and HIV policies, systems, and service delivery with support from UNFPA *(N=31 countries in the UNAIDS Global Strategy 2011-2015)*	7 (23%)	13 (42%)	20 (65%)
	10.2 Number (and percentage) of countries where the comprehensive condom demand generation framework is implemented, specifically targeting (a) young people and (b) in the context of sex work *((a)N=17 UNAIDS priority countries for young people;(b)N=31 countries in the UNAIDS Global Strategy 2011-2015)*	(a) 0 (b) 0	(a) 5 (29%) (b) 5 (16%)	(a) 10 (59%) (b) 10 (32%)

11. Enhanced national capacity for addressing the HIV and SRH needs of young people and sex workers, including through community-led organizations and networks	11.1 Number of community-led organizations networks supported by UNFPA to engage in programmes addressing HIV and SRH-needs of young people and sex workers	116	141	176
Outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy				
Key indicator(s)				
Percentage of women aged 20-24 who were married or in union before age 18 *Baseline: 35% total; 22% urban; 45% rural (2000-2009)*				
Percentage of countries that have mechanisms in place to implement laws and policies advancing gender equality and reproductive rights *Baseline: 61.7% (2008)*				
Output(s)	**Indicator(s)**	**2010 baseline**	**2012 target**	**2013 target**
12. Strengthened national capacity for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights	12.1 Number (and percentage) of countries supported by UNFPA to implement international agreements and national legislation for gender equality and reproductive rights *(N=128)*	94 (73%)	103 (80%)	113 (88%)
13. Strengthened national capacity for addressing gender-based violence (GBV) and provision of quality services, including in humanitarian settings	13.1 Number (and percentage) of countries supported by UNFPA to develop GBV (including female genital mutilation/cutting) policy and programmatic responses *(N=30 joint programming countries and programme countries for work on sex selection and Security Council resolution 1325)*	19 (64%)	22 (73%)	24 (80%)
	13.2 Number of persons trained through UNFPA support in programming for GBV in humanitarian settings	120	500	800
	13.3 Number of communities supported by UNFPA that declare the abandonment of female genital mutilation/cutting	596	715	858
14. Enhanced promotion of gender equality and reproductive rights through engagement of community-led organizations and networks	14.1 Number (and percentage) of countries where UNFPA supported civil society organizations/networks to engage men and boys in promoting gender equality *(N=35)*	24 (69%)	26 (74%)	29 (83%)

Outcome 6: Improved access to SRH services and sexuality education for young people (including adolescents)				
Key indicator(s)				
Adolescent birth rate *Baseline: 52 (2007)*				
Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission *Baseline: 35% of males and 30% of females (2005-2009)*				
Number of countries implementing comprehensive age-appropriate sexuality education in and out of school at national scale *Baseline: To be determined*				
Output(s)	**Indicator(s)**	**2010 baseline**	**2012 target**	**2013 target**
15. Improved programming for essential sexual and reproductive health services to marginalized adolescents and young people	15.1 Number (and percentage) of countries where UNFPA supported capacity development for the provision of essential SRH services to young people *(N=128)*	45 (35%)	50 (39%)	55 (43%)
	15.2 Number (and percentage) of countries supported by UNFPA to design and implement comprehensive programmes to reach marginalized adolescent girls *(N=20)*	5 (25%)	10 (50%)	15 (75%)
16. Strengthened national capacity for the design and implementation of comprehensive age-appropriate sexuality education in policies and curricula	16.1 Number (and percentage) of countries supported by UNFPA to design and implement comprehensive age-appropriate sexuality education programmes *(N=128)*	44 (34%)	54 (42%)	64 (50%)
	16.2 Number of experts trained through UNFPA support to provide technical assistance on design, implementation and evaluation of comprehensive sexuality education programmes	70	210	280

Outcome 7: Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality				
Key indicator(s)				
Number of countries that have completed their 2010 round of population and housing censuses *Baseline: 23 (2010)*				
Number of countries that have conducted (in the last five years) a national household survey that allows for the estimation of all MDG 5B indicators *Baseline: 91 (2010)*				
Output(s)	**Indicator(s)**	**2010 baseline**	**2012 target**	**2013 target**
17. Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH, including in humanitarian settings	17.1 Number (and percentage) of countries where UNFPA has supported capacity development to produce and disseminate census, survey and other statistical data *(N=128)*	79 (62%)	91 (71%)	103 (80%)
	17.2 Number of persons trained through UNFPA support in the production, analysis, dissemination of census surveys and other statistical data including in humanitarian settings	645	1,290	1,935
18. Strengthened national capacity for data analysis to inform decision-making and policy formulation around population dynamics, youth, gender equality and SRH	18.1 Number (and percentage) of countries where UNFPA has supported capacity development to produce in-depth analysis of census and survey data *(N=128)*	18 (14%)	40 (31%)	51 (40%)

Annex II: REVISED MANAGEMENT RESULTS FRAMEWORK[1]

Output	Indicator	Baseline (year)	2012 target	2013 target
Enhanced programme effectiveness through strengthened results-based and evidence-based programming	Percentage of country programme documents rated at least "good" on results-based management and evidence-based programming criteria	50% (2011)	70%	80%
	Percentage of programmes with at least 75% of their annual workplan outputs that achieved indicator targets	51% (2007) 86% (2010)	90%	95%
	Percentage of country programme evaluations rated at least "good"	*Data being compiled and would be available in September 2011*	*To be determined when baseline is available*	*To be determined when baseline is available*
Strengthened stewardship of resources through improved efficiency and risk management	Percentage of total income used for recurring management costs	15.8% (2010-2011)	13.1%	<13.1%
	Implementation rate for regular resources and other resources	Regular resources: 85% (2009) 85% (2010) Other resources: 52% (2009) 51% (2010)	Regular resources: 97% Other resources: 79%	Regular resources: 97% Other resources: 79%
	Percentage of orders of core commodities delivered to the country within the lead time	79% (2010)	85%	90%
	Percentage of national execution (NEX) audits with a negative opinion	17% (2007) 22% (2009)	10%	8%
	Percentage of total operating fund account advances that are overdue	9.9% (2010-2011)	9%	8%
	Percentage of UNFPA organizational units with at least 90% of the annual workplans with implementing partners rated at least "good" on quality assurance standards	Not available	75%	85%
Appropriately staffed UNFPA with high-performing professionals fulfilling its mission	Vacancy rate	Not available (2007) 17% (2010)	15%	13%
	Percentage of staff who perceive that UNFPA deals effectively with underperformance	33% (2008) 30% (2009)	38%	N/A[2]
Secured broad-based and stable funding to meet the strategic plan resource requirements	Percentage of annual strategic plan funding target reached	103% (2008) 109% (2010)	100%	100%
	Percentage of total contributions that are regular contributions	63% (2007) 58% (2010)	60%	>60%
	Percentage of annual regular contributions from other than the top 15 donors	7% (2007) 4% (2010)	6%	8%

[1] For each indicator below, details on the definitions, methods of calculation, data sources, and the frequency of measurement are contained in metadata sheets that are available on the UNFPA website.

[2] Data for this indicator are gathered only every two years, so there is no target for 2013.

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Follow-up to UNAIDS Programme Coordinating Board Meeting

Report on the implementation of the decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS

Summary

As per discussions at the Executive Board's second regular session 2010, the present report focuses on selected results of UNDP and UNFPA in addressing HIV and provides an update on the decisions and recommendationsrelevant to UNFPA and UNDP from the 27th and 28thmeetings of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS held in December 2010 and June 2011, respectively.

Elements for a decision are contained in the present report.

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Annex 18

List of acronyms

APNSW	Asia Pacific Network of Sex Workers
ASRH	Adolescent sexual and reproductive health
CCO	Committee of Cosponsoring Organizations
CEWG	Cosponsor Evaluation Working Group
DPKO	Department of Peacekeeping Operations
EAC	East African Community
EIAs	Environmental impact assessments
GBV	Gender-based violence
GIZ	German Agency for International Cooperation (previously known as the German Agency for Technical Cooperation, GTZ)
HCT	HIV Counselling and Testing Campaign
MDG	Millennium Development Goal
MERG	Monitoring and Evaluation Reference Group
MSM	Men having sex with men
PCB	Programme Coordinating Board
PMTCT	Prevention of mother-to-child transmission
PRSPs	Poverty Reduction Strategy Papers
SADC	Southern African Development Community
SIE	Second independent evaluation
SRH	Sexual and reproductive health
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UBRAF	Unified budget, resultsand accountability framework
UBW	Unified budget and workplan
UNAIDS	Joint United Nations Programme on HIV/AIDS
YWCA	Young Women's Christian Association

I. Context

1. Thirty years into the HIV epidemic, the global AIDS response stands at a crossroads. Important progress has been made in the fight against AIDS since the 2001 and 2006 United Nations General Assembly special sessions — particularly in terms of greater resources, stronger national policy frameworks, wider access to treatment and prevention services and broad consensus on the principles of effective country-level action. The review of major trends also highlights key opportunities, including improved tools to measure HIV incidence, superior strategic information, and momentum in the development of new strategies for HIV prevention, treatment, care and support. At the same time, a review of longer-term political and economic trends points towards flattening resources, fragmented and generic responses, severe gaps in treatment access, weak systemsand perpetuation of social injustices.

2. At the United Nations General Assembly high-level meeting on AIDS in June 2011, Member States adopted a new *Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS*, which sets bold new targets in responding to HIV. This declaration sets the agenda for the future of the AIDS response and provides a roadmap for ending the epidemic. The adoption of a new Security Council resolution on AIDS,i.e., resolution 1983 (2011), which addresses the link between violence against women and HIV in conflict and post-conflict settings, is another significant step in ensuring social stability and national security which could be jeopardized by the AIDS epidemic.

3. In June 2003, the Executive Boards of UNDP/UNFPA, the United Nations Children's Fund (UNICEF) and the World Food Programme (WFP) held a joint meeting to address the recommendations of the first five-year evaluation of UNAIDS, contained in document UNAIDS/PCB(13)/02.2. The joint meeting discussed the implications of the evaluation recommendations for UNDP, UNFPA, UNICEF and WFP, and addressed UNAIDS operational and governance issues. As a result, members of the Executive Boards agreed that a regular item should be placed on the agendas of the Executive Boards concerning follow-up to the decisions and recommendations of theProgramme Coordinating Board (PCB)of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

4. The present report, prepared jointly by UNDP and UNFPA, provides an overview of results achieved in addressing HIV. It also provides an update on the decisions and recommendations from the 27th and 28th PCB meetings, held in December 2010 and June 2011, respectively. Key issues addressed during those meetings that were of particular relevance to UNDP and UNFPA included:the UNAIDS strategy 2011-2015; the UNAIDS unified budget, resultsand accountability framework (UBRAF); and progress on the implementation of the second independent evaluation (SIE).

II. UNDP and UNFPA results

5. The 27th meeting of the PCB officially adopted the new *UNAIDS 2011-2015 Strategy: Getting to Zero*, which presents a transformative agenda for the global response. The three new strategic directions for UNAIDS are: (a) revolutionizing HIV prevention; (b) catalysing the next phase of treatment, care and support; and (c) advancing human rights and gender equality. Each of these strategic directions is critical, and all are interdependent. Ten medium-term goals[1] towards the long-term UNAIDS vision have been established. Evolved from the priority areas of the UNAIDS outcome framework, these goals aim to drive concrete progress where it is needed and enable the joint programme to improve its strategic focus. The

[1] The goals are (1) sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work; (2) vertical transmission of HIV eliminated and AIDS-related maternal mortality reduced by half; (3) all new HIV infections prevented among people who use drugs; (4) universal access to antiretroviral therapy for people living with HIV who are eligible for treatment; (5) tuberculosis deaths among people living with HIV reduced by half; (6) people living with HIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support; (7) countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half; (8) HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions; (9) HIV-specific needs of women and girls are addressed in at least half of all national HIV responses; (10) zero tolerance for gender-based violence.

annex provides the new UNAIDS strategy at a glance. The strategy formed the basis for the new political declaration on HIV/AIDS adopted at the United Nations General Assembly high-level meeting on AIDS in June 2011.

6. Below are some illustrative examples of the results generated by UNDP and UNFPA contributions to development, under each of the three strategic directions of the UNAIDS strategy 2011-2015, as well as challenges and steps to address them.

7. Since 2008, nearly 70 UNDP country offices have implemented programmes linked to the four HIV outcomes of the UNDP strategic plan, and an additional 30 countries are estimated to implement HIV activities as part of other thematic or cross-practice programmes. Analysis of independent evaluative evidence and reporting from country offices outlines significant results in addressing HIV. In particular, the evidence highlights successful approaches in building the capacity of local institutions, advancing gender equality, and promoting multi-stakeholder engagement, South-South cooperation and collaboration with United Nations agencies. The evaluations point to noteworthy cross-practice work, indicating that some of the strongest HIV results have been achieved where there are linkages to other thematic areas.

8. Given that about 80 percent of HIV infections are transmitted sexually or are associated with pregnancy, childbirth and breastfeeding, UNFPA has implemented a strategy that prioritized the allocation and use of its unified budget and workplan (UBW) resources towards building the Fund's dedicated HIV capacity at country and subregional levels. This capacity-building strategy to enhance its support to countries' HIV-prevention efforts was launched in 2006.A review in 2008 concluded that the scope, intensity and quality of the UNFPA contribution to HIV prevention have undergone a significant positive shift. In 2011, the strategy is under review to ensure an integrated approach to more efficiently intensify the Fund's work with countries to link HIV responses to broader development, human rights and humanitarian programming and to sexual and reproductive health (SRH).

Revolutionizing HIV prevention

9. UNDP supported 21 countries and two regions for mainstreaming HIV into national and sector development plans and processes, Poverty Reduction Strategy Papers (PRSPs) and Millennium Development Goal (MDG) plans. A draft legislative review report on integrating health and social issues (particularly HIV and gender) into environmental impact assessments (EIAs) in the Southern and East Africa regions has been produced by the Southern Africa Institute for Environmental Assessment and supported by UNDP. Partnering countries include: Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Uganda and Zambia. EIAs are a practical platform through which the social impacts (HIV and gender) associated with capital projects can be better understood and addressed through a multisectoral approach in a sustainable manner. The initiation of this project has led to strengthened collaboration across ministries. In all countries, links between gender, HIV and capital projects are being identified and better understood.

10. Technical assistance and policy guidance on men having sex with men (MSM), transgender people and sex work, as well as funding and fund-raising support was provided to over 37 countries. Building on work initiated in 2009, UNDP continued to provide advisory support to programmes in Argentina, Burkina Faso, Togo, Lesotho, Fiji, Philippines and Ukraine on strategic information for MSM and transgender people, human rights protection and strengthening capacity and partnerships for scaling up services for MSM and transgender people. These programmes have resulted in scaling up national efforts to address the needs of these typically underserved populations – for example, in the Philippines there is now a specific component in the national HIV programme focusing on MSM and transgender people.

11. Addressing the SRH needs of men and women, UNFPA continues to intensify access to male and female condoms and promote their correct and consistent use. The Global Condom Initiative was expanded

to 74 countries in 2010, up from 55 countries in 2008 and moving closer to its 100 country target. UNFPA continues to be one of the largest suppliers of male and female condoms to low-income countries (68 million and 14 million, respectively, in 2009). A condom demand-generation framework was field-tested in the Caribbeansubregion resulting in the drafting of condom demand-generation strategies in Belize, Suriname and St. Lucia. Condom demand-generation initiatives were also completed in four high-prevalence countries in Southern Africa, namely,Botswana, Lesotho, South Africa and Swaziland.In 2011, UNFPA intensified efforts towards achieving the UNAIDS targets of increasing condom use among young people by 50 per cent and this will continue to be a programmatic priority.

12. To scale up HIV testing for young people in South Africa, UNFPA forged a partnership with LoveLife and Soul City, to support a national HIV Counselling and Testing Campaign (HCT) for 12-14 year olds reaching 8,445,000 young people. In Barbados and Kazakhstan, advocacy with policymakers was undertaken to remove the legal barriers that prevent youth below the age of 18 from accessing SRH services without parental consent. In Belize, UNFPA support to the Young Women's Christian Association (YWCA) to establish a youth-friendly space for young girls has significantly improved access to counselling, SRH information and condom use.

13. Globally, UNFPA continued to strengthen partnerships, build the evidence base, support capacity development and provide technical assistance to support young people's access to the comprehensive package of adolescent SRH services and sexuality education. The 2011 target for proportion of countries with secondary school curricula including gender-sensitive life skills-based SRH and HIV prevention has already been surpassed in 2010. Examples of results from UNFPA support include Nepal where adolescent and youth SRH was included in the Government's health-sector implementation plan; and Viet Nam where national adolescent sexual and reproductive health (ASRH) guidelines were developed for out-of-school youth. In Colombia and Mozambique, UNFPA-supported programmes made the important switch from being donor-supported to government-owned. In the Syrian Arab Republic and Egypt, UNFPA supported sexuality education through culturallysensitive approaches.

14. Currently, UNFPA and partners are working to establish a network of regional and national experts to respond to training and technical assistance requests in sexuality education. As a first step, a situational analysis was carried out to assess the content, quality and the method of delivery of the current school-based sexuality education programmes in 10 East and Southern African countries so as to guide future curriculum revisions. The results fed into a workshop co-organized by UNFPA, UNICEF, UNESCO, and the University of KwaZulu-Natal which built the capacity of 70 curriculum-development specialists from the Ministries of Education and United Nations staff responsible for youth from 10 Southern African Development Community(SADC) countries (Botswana, Kenya, Lesotho, Malawi, Namibia, South Africa, Swaziland, Uganda, Zambia and Zimbabwe) to design and implement effective sexuality education and HIV prevention among young people in the educational settings. As a result, a regional training manual on sexuality education, using participatory training methodology, is being developed and will be used to create a critical mass of competent sexuality educators.

15. Recent evidence showing HIV as the leading cause of death in women of reproductive age demands strengthened awareness of the interconnection of MDGs 3, 4, 5 and 6 and concerted efforts to support the integration of HIV and SRH. To date, 25 countries have been supported to develop and implement national plans to integrate SRH and countries have reported improved linkages between HIV programmes and efforts to prevent gender-based violence (GBV). Technical support was provided to 61 countries to scale up programmes to implement prevention of mother-to-child transmission (PMTCT) and service integration – family planning provides a solid entry point with UNFPA offices reporting that 70 per cent of the countries had included family planning in situation analyses, and 49 per cent had allocated a budget for it in their national plans.

16. Key challenges remain and will impact reaching the UNAIDS strategy goals. In 2010, more evidence emerged of the prevention benefits resulting from scaled-up treatment. These findings underscored not only the need to accelerate the expansion of treatment access, but also the critical need to link HIV prevention and treatment at the levels of strategic planning, service delivery, and impact evaluation. This will require stronger measurement and data gathering on prevention as a whole, both qualitative and quantitative. 'Treatmentforprevention' needs to be used in combination with other HIV-prevention options as it is an enhancement of the HIV-prevention package and not a replacement.

17. On the issue of integration, linkages between HIV and SRH continue to be challenging in many countries. Often the focus is on service-level integration with less attention paid to the wider structural and human rights issues. Ineffective logistical and supply systems are also obstacles to effective service delivery. For example, interruptions in the supplies of key commodities (antiretroviral medicines, regimens for opportunistic illnesses, HIV testing kits, condoms, etc.) impede effective responses and underscore the need for further strengthening of national and subnational systems for procurement and supply management. As regards elimination of mother-to-child transmission of HIV and universal access goals, these will not be attained unless countries and communities reach the most marginalized members of society and serve their needs. Greater political support, focused technical support and more integrated services are required to ensure programmes are scaledup in countries where progress continues to lag. A comprehensive approach, with practical standardized procedures supplemented with evidence on the benefits of integration, is critical in convincing stakeholders to scale up programmes.

18. Prevention information and programming need to be delivered through a continuum of age- and context-appropriate programmes, for which the design has seen young peoples' participation and inputs, including sexuality education as a useful means of improving health outcomes for young people. Removing policy and legal barriers to youth-friendly services so that young people are not excluded reduces their risk of exposure to HIV. Working towards measurable targets (for example, on comprehensive knowledge, HIV testing and condom use in young people) in priority countries will help to build greater accountability and leverage for results in reducing new infections.

Catalysing the next phase of treatment, care and support

19. As a Global Fund to Fight AIDS, Tuberculosis and Malariaprincipal recipient, UNDP helped to develop country capacity to effectively implement large-scale HIV, tuberculosisand malaria programmes in 29 countries in 2010. Capacity development support for national stakeholders has been a key priority, with formal capacity development plans being prepared for all new grants managed by UNDP, in collaboration with country partners. UNDP has served as a principal recipient in a total of 37 countries between 2003 and 2010. In 12 of these countries, the principal recipient role was handed over to a national entity, reflecting achievements in capacity development. Despite often serving as principal recipient in country contexts with the highest levels of risk, UNDP grant performance is significantly above average. Since 2003, UNDP contributed to providing community outreach for HIV, tuberculosis and malaria prevention to 28 million people. HIV counselling and testing was provided for nearly 4.8 million people, in addition to antiretroviral treatment for 213,000 people living with HIV.[2]Programmes also resulted in detection and treatment of 700,000 cases of tuberculosis, distribution of 11 million bed nets, and treatment of 26 million malaria cases.

20. UNFPA supported the development of specific guidance for addressing issues relevant to youth and sex workers for use in preparing Round 10 Global Fund HIV proposals.It provided technical support to South Africa, Swaziland and Zambiato integrate SRH and HIV; and to 20 countries for PMTCT of HIV, including consultation and joint technical missions.

[2]HIV treatment figure represents current number of people on antiretroviral treatment for active grants.

21. UNDP supported 17 countries and two regions to build capacity for adoption of enabling trade and health policies and legislation. In Ukraine, for example, the Government was supported by UNDP to incorporateTrade-Related Aspects of Intellectual Property Rights(TRIPS) flexibilities into their national legislation. If these are adopted, there could be a substantial reduction in the costs of antiretroviralsand other medicines. Also, in the case of Ukraine, if the TRIPS flexibilities are adopted, more generics could be used, which in some cases could account for over 90 per cent cost savings thereby allowing many more people to be put on treatment. In the United Republic of Tanzania, UNDP, in partnership with civil society and the German Agency for International Cooperation (GIZ) organized two meetings on the proliferation of anti-counterfeiting legislation in the East African Community (EAC) – covering Burundi, Kenya, Rwanda, Uganda and the United Republic of Tanzania. The meetings were attended by government representatives, Members of Parliament, scholars and civil society from all EAC countries and raised awareness on the public health implications of anti-counterfeit legislation. They resulted in the adoption by the EAC Secretariat of UNDP proposals to amend the draft EAC anti-counterfeiting bill in a public health-sensitive fashion. This will guarantee the continued use of generic medicines in the EAC countries which account for 90 per cent of all medicines consumed in the region.

22. Poverty and exclusion are key aspects to address when tackling vulnerability to AIDS. This has led the global community to recognize that we need not an AIDS-exclusive but an AIDS-sensitive approach to social protection. In India, UNDP supported the creation, expansion and reform of multiple HIV-sensitive social protection programmes in several states, reaching over 77,000 people in a six-month period in 2010. The analytical foundation for these programmes was laid out in 2006 with a socio-economic impact study, which showed considerable negative impacts of HIV on employment, income, savings and school attendance in affected households. In follow-up, UNDP launched a multipronged strategy of advocacy and technical support involving the National AIDS Control Organization, state offices and civil society organizations, including networks of people living with HIV. As a result, in the State of Rajasthan, the widow-pension scheme was reformed so that women widowed by HIV would be eligible to receive a monthly pension irrespective of age. Other states in India are now following suit. Across all states with modified pension schemes, approximately 23,000 women benefited from this change in 2010. Moreover, states have been increasingly covering transportation costs for HIV treatment. In six months in 2010, over 31,000 people benefited from the programme. Other notable reforms include states where people with HIV now have access to subsidized food, housing and health care – all of which were previously restricted to those below the poverty line. The Ministry of Labour has also removed an HIV-exclusion clause from special health insurance schemes for informal workers.

23. Many countries do not have national social protection programmes and for those that do there needs to be a thorough review of how to make laws, policies and programmes more sensitive to the needs of those affected by and living with HIV. Access to services is restricted for many due to general conditions of poverty, combined with stigma and discrimination. Although in some settings there exists a continuum of care between HIV-treatment sites and community-based organizations, in reality this is very difficult to ensure due to a variety of factors including lack of political will and resources, lack of capacity of community groups, and a lack of understanding between community groups and health-care workers.

24. While the health sector must be at the centre of treatment, care and support scale-up efforts, many countries are still not strategically leveraging and coordinating with the relevant ministries. In addition to the role of trade and social protection policies as described above, other key contributors to scalingup care and support can include ministries of women or gender, which address the disproportionate role of women as caregivers, and ministries of the interior or home affairs, which help to facilitate access to services for marginalized groups.

Advancing human rights and gender equality

25. UNDP, together with the UNAIDS Secretariat and the Global Fund, published an analysis of access to justice programming in Rounds 6 and 7 HIV proposals and grants, which successfully influenced

inclusion of a specific objective and operational plan on human rights and equity in the new Global Fund strategy.

26. In June 2010, UNDP launched the Global Commission on HIV and the Law on behalf of the UNAIDS family. The Commission's aim is to develop evidence-informed and human rights-based recommendations which will support countries to create and maintain enabling legal environments for effective HIV responses. The discussions and follow-up actions identified through the Commission's regional dialogues across six regions, held in 2011, will further inform and strengthen UNDP work in this important area. The aim of the regional dialogues is to generate policy dialogue, with a view to giving voice to the critical HIV-related human rights and legal issues in the region. The regional dialogues will inform the deliberations of the commission through submissions and evidence-informed inputs and by engaging policy and lawmakers, law enforcement and community perspectives. The regional dialogues will also contribute to enhancing awareness, engagement and ownership within regions on the actions that are required to effect real change on issues of human rights and law that can support improvements in people's lives and health. There are close links between the gender work of UNDP and the Global Commission on HIV and the Law. One of the three main areas the Commission is investigating concerns laws which sustain or mitigate violence and discrimination lived by women.

27. A progress report on the implementation of the action framework and the *UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV* was presented to the 27th PCB. The 28th PCB meeting further discussed gender sensitivity of AIDS responses. Launched in March 2010, the initiative has achieved considerable results: 55 countries have launched the agenda for women and girls, with 45 countries already reporting on activities directly related to the agenda. A total of $6.1 million has been allocated towards the initiative in 2010, including $4.5 million in country support.

28. PCB members welcomed the progress report and cited the operational plan as a unique opportunity to ensure that national responses meet the needs of women and girls. The PCB specifically welcomed efforts by UNAIDS to incorporate comprehensive sexuality education policies and programmes in its 2011-2015 strategy, as well as UNAIDS efforts to address male gender-related obstacles to HIV and SRH services. Further progress was urged, and calls were made for broader leadership on women, girls and HIV, with political rhetoric matched by sufficient resources.

29. Following up on UNDP responsibilities within the *UNAIDSAgenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV*, leadership capacity development for women living with HIV was undertaken in 23 countries across six regions, resulting in increased partnerships between HIV-positive women's organizations networks and other key national stakeholders. In addition, the capacity of national networks of women living with HIV has been strengthened to more effectively engage in universal access processes reporting and MDG reporting/advocacy in 14 countries.

30. Integrating responsibilities for the UNiTE Campaign and the Agenda for Women and Girls, UNFPA supported 42 countries to design, implement or evaluate prevention, treatment, care and support programmes specifically intended to empower women and girls; and 26 countries to develop and/or implement HIV-related policies that specifically address GBV and other actions promoting gender equality. In Jamaica, a Men's Desk was created to manage requisite interventions at the Bureau of Women's Affairs which has increased mobilization of Jamaican men in the advocacy and implementation of programmes to reduce GBV and improved male involvement in securing equality and rights of women. Networks of people living with HIV were supported in nearly 80 countries with an emphasis on women living with HIV.

31. At the end of 2010, UNFPA led the work of the inter-agency working group on gender equality and HIV to build the capacity of 16 countries across three regions to jointly develop and operationalize, with men and boys, strategies addressing social norms around gender, violence, and sexual relationships. UNFPA supported the "Working with men for HIV/AIDS prevention and response" workshop for 92

participants from 30 countries that resulted in the development of an Africa regional framework on working with men and boys for the promotion of gender and reproductive health (to include HIV/AIDS). Although the importance of engaging men and boys to move towards gender equality is recognized, the challenge remains to engage them as partners towards this end as well as for their own sexual and reproductive health.

32. UNDP has led an inter-agency initiative, which includes UNFPA, called 'Universal Access for Women and Girls Now!' in 10 countries to support countries to address gender equality in national HIV responses. An example of success includes the integration of a clear gender component and commitment to address GBV in Zambia's new *National AIDS Strategic Framework (2011-2015)* andthe creation of a new gender adviser post in the Zambia National Council to ensure ongoing integration of gender into the national AIDS response.

33. Key challenges for implementation of the action framework include: the need for long-term political and financial commitments for women, girls and HIV; the need to strengthen SRH services and link them to HIV; high rates of GBV; and the need to increase the engagement of men. Capacity development is central to the success and sustainability of this agenda. Furthermore, experience to date underscores the need for better evidence and improved monitoring systems.

34. It was noted that UN-Women represents a potential opportunity to strengthen the United Nations system's engagement on the above-mentioned issues. At its March 2011 meeting, the Committee of Cosponsoring Organizations (CCO) welcomed the interest of UN-Women to join the Joint United NationsProgramme on HIV/AIDS and agreed to the initiation of the formal application process for UN-Women in accordance with criteria and process agreed by the PCB in 2004 (UNAIDS/PCB(15)/04.8). In the meantime, the joint programme continues to focus on women and girls and to promote women's rights and gender equality.

35. During the development of the UBRAF, UNAIDS ensured that key actions, indicators and budgetary allocations pertinent to continued progress in implementing the action agenda were reflected, including but not limited to the integration of HIV and SRH services. Member States requested that further monitoring be carried out in coordination with Member States, and with the participation of women living with HIV and civil society and that it be reported to the PCB through the UBRAF. They also requested a midterm review of the agenda in December 2012.

36. UNAIDS was asked to partner with national stakeholders to document models of best practice of collaboration between the AIDS and women's movements in addressing the HIV-related needs of women and girls. The PCB also requested UNAIDS to collaborate with key stakeholders to promote and facilitate improved linkages between SRH, human rights and HIV and encouraged further partnership with networks that work on HIV and gender-equality issues with men and boys as well as women and girls.

37. In 2011, UNFPA and UNDP supported over 50 countries to enhance human-rights protection and service access for sex workers and their clients, MSM and transgender people. These efforts have increased coordination and harmonization among sex worker networks and organizations focused on HIV and sexually transmitted infection prevention, SRH and the links between SRH, GBV and human rights. UNFPA and the Asia Pacific Network of Sex Workers (APNSW), together with partners, organized the first Asia Pacific regional consultation on HIV and sex work, hosted by the Royal Thai Government, with participation from Cambodia, China, Fiji, Indonesia, Myanmar, Pakistan, Papua New Guinea and Thailand.The consultation resulted in the development of eight draft country-level action plans on HIV and sex work; the setting of a regional agenda for responding to the HIV epidemic among sex workers and their clients for implementation during2010-2013; strengthened technical capacity of the APNSW Secretariat through the employment of a full-time director and a policy officer; and the establishment of regional dialogue between the governments and national-level dialogue between the government and sex workers.

38. Issues surrounding key populations hamper progress. Data shows that most countries continue to allocate inadequate resources to programmes for key populations. Stigma, discrimination and homophobia continue to persist, coupled with inadequate political commitment. In some countries the effects of having weak civil societies impede efforts to address the HIV-related needs of key populations. A lack of both quantitative and qualitative data means theoretical frameworks around gender, sexuality and identity are weak, leading to superficial understandings of needs and behaviours which in turn result in ineffective programmes. Furthermore, effective responses and efforts to work in partnership with key populations can be hindered by a range of situations, for example, compulsory drug treatment, or the criminalization of sex work and same-sex relations. Recent policy changes linked to more effective political leadership and more targeted resource allocations have helped to expand access to evidence-informed services for key populations, and demonstrate that progress is possible. A supportive environment must be created for key populations to participate in the planning, delivery and evaluation of strategies and programmes that affect their lives. Effective attention to the needs of key populations also requires a holistic approach, including anti-stigma efforts and work with law enforcement agencies and other stakeholders to address macrolevel issues.

39. The 27th PCB meeting discussed AIDS, security and humanitarian responses. Under the UNAIDS Division of Labour, UNFPA and UNDP have been working jointly with partners on addressing HIV/AIDS in humanitarian situations. The need to scale up this work and strengthen programmes that address HIV and sexual violence in conflict settings was recognized through the adoption in June 2011 ofSecurity Council resolution 1983 (2011)[3].

40. Under the framework of the above-mentioned Security Council resolution, UNDP and UNFPA, in collaboration with the Department of Peacekeeping Operations (DPKO), UNAIDS Secretariat and cosponsors, will build on past initiatives and continue to strengthen ongoing work such as:

- Integration of gender and HIV interventions in disarmament, demobilization and reintegration programmes. Joint programmes have reached male and female ex-combatants, as well as women associated with armed forces and receiving communities during reintegration processes in Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Indonesia, Liberia, Nepal, Sudan, Sierra Leone and South Sudan.

- Provision of essential reproductive health commodities and supplies to all refugee populations and camp settings managed by UNHCR in approximately 25 countries per year (as per an agreement between UNFPA and UNHCR).

- Training of national uniformed services before their deployment to peacekeeping missions and partnership with DPKO on training initiatives for peacekeepers on HIV and GBV.

- Partnering with relevant agencies to establish and/or strengthen programmes for host communities on prevention of sexual violence and HIV in conflict and post-conflict settings.

41. The adoption of Security Council resolution 1983 (2011) shows high-level commitment from Member States for combating HIV/AIDS in humanitarian contexts and presents new opportunities for

[3]The resolution, among other provisions, "Encourages the incorporation, as appropriate, of HIV prevention, treatment, care, and support, including voluntary and confidential counselling and testing programmes in the implementation of mandated tasks of peacekeeping operations, including assistance to national institutions, to security sector reform (SSR) and to disarmament, demobilization and reintegration (DDR) processes; and the need to ensure the continuation of such prevention, treatment, care and support during and after transitions to other configurations of United Nations presence". This resolution not only recognizes that "coordinated international action continues to be required to curb the impact of the HIV epidemic in conflict and post-conflict situations" but also provides directives for the United Nations and Member States on implementation.

UNFPA and UNDP to sustain/expand programmes and partnerships. As pointed out in the progress report on implementation of Security Council resolution 1308 (2000), *On the Frontline: A review of programmes that address HIV among international peacekeepers and uniformed services 2005-2010*"... the changing landscape of threats to international, peace and security and the evolving evidence on the relationship between AIDS and security have created new challenges and opportunities to further strengthen these actions and contribute to United Nationsefforts to prevent conflict and build peace".Discussions between the key actors (UNAIDS Secretariat, DPKO, UNDP, UNFPA, UNODC) will soon take place to determine a clear division of responsibilities and timelines in order to implement Security Council resolution 1983 (2011).

III. UNAIDS PCB decisions and recommendations of note for UNDP and UNFPA

UNAIDS strategy

42. The 27th meeting of the PCB officially adopted the new *UNAIDS 2011-2015 Strategy: Getting to Zero*, which presents a transformative agenda for the global response. The strategy aims to increase focus and improve efficiency in order to radically reduce the number of new infections, expand treatment access and reduce stigma and discrimination. It is intended to facilitate strategic partnerships, support country ownership, engage emerging economies, facilitate South-South and triangular cooperation, and usher in a new approach to financing the response. The strategy emphasizes mutual accountability in the response, improving broad ownership, strengthening community systems, and promoting activism. It reflects the transition from short-term technical support to the development of lasting capacity and resilient nations, as well as enhanced efforts to link the AIDS response with broader health and development efforts.

43. Member States emphasized that all cosponsors were encouraged to link their strategies to the new UNAIDS strategy. This continues as a work in progress with WHO, WFP, ILO and UNESCO having already revised their HIV strategies and policies to make specific links to the UNAIDS strategy. UNFPA is set to do this with an upcoming revision of its strategic guidance on HIV and is taking the UNAIDS UBRAF into consideration within the follow-up to the midterm review of its strategic plan and revision of the accompanying development results framework.The new UNAIDS strategy will also inform the next UNFPA strategic plan, 2014-2017. UNDP will update its current corporate strategy on AIDS to reflect the new UNAIDS strategy, for 2012 and 2013. In addition, the new UNAIDS strategy will inform the incorporation of HIV and AIDS work in the new UNDP strategic plan for 2014 and beyond.

44. One challenge of note is the flattening international support for HIV combined with competing needs and a growing population of people living with HIV placing significant pressure on the HIV response and threatening the sustainability of recent gains. In addition, the heavy dependence of many countries on external support potentially places national responses in jeopardy. Ten years after the adoption of the time-bound targets in the 2001 Declaration of Commitment on HIV/AIDS, human resource and institutional capacity constraints exist in technical and managerial areas, which continue to undermine national responses. Funding the response to HIV is a shared responsibilitythat demands continued support from international donors, greater allocations and political commitment from domestic governments, stronger leadership from emerging economies and the private sector, and intensified programmatic focus on improving efficiency and maximizing impact.

Unified budget, results and accountability framework 2012-2015

45. The UNAIDS strategy will be implemented through various mechanisms, including the 2012-2015 UBRAF and a revised UNAIDS Division of Labour. The UBRAF was the main item on the agenda of the 28th meeting of the PCB replacing the thematic session. The UBRAF is structured around the UNAIDS strategy, its 10 strategic goals and strategic functions aim to contribute to achieving the UNAIDS long-term vision of zero new HIV infections, zero AIDS-related deaths, and zero discrimination.

46. The UBRAF describes outcomes, outputs and deliverables for the joint programme, the allocation of resources against these with geographical reference, and how progress will be monitored. As such, it presents the comprehensive results architecture for the joint programme, incorporating clearly defined baselines and outcomes, identifying each cosponsor's contributions, and specifically focusing on country progress.

47. The UBRAF is composed of three components:

(a) A business plan that provides a framework to capture the contributions of the joint programme to support the operationalization of the UNAIDS strategy 2011-2015.The business plan describes the rationale, objectives and expected results of the joint programme. Cosponsors and the UNAIDS Secretariat will develop annual rolling workplans for the detailed implementation of the UBRAF, strengthening linkages to the planning processes and results frameworks of the cosponsors. Given the changing nature of the epidemic and the need for greater focus, UNAIDS will concentrate its efforts both programmaticallyand through intensifying efforts in 20+ countries identified in the UNAIDS strategy (see figure 1).

Figure 1: Overview of 20+ countries

- **Brazil**
- **Cambodia**
- **Cameroon**
- **China**
- **Democratic Republic of the Congo**
- **Ethiopia**
- **India**
- **Kenya**
- **Malawi**
- **Mozambique**
- **Myanmar**
- **Nigeria**
- **Russian Federation**
- **South Africa**
- **Thailand**
- **Uganda**
- **Ukraine**
- **United Republic of Tanzania**
- **Zambia**
- **Zimbabwe**

- **Would address**
  - Over 70% of new global HIV infections
  - Over 80% of the global gap in ART for eligible adults
  - Over 75% of the global gap in prevention of vertical transmission
  - Over 95% of the global burden of HIV-associated TB
  - Major HIV epidemics driven by injecting drug use (over half of the 20 low- and middle-income countries estimated to have more than 100 000 people who inject drugs and an estimated HIV prevalence among them exceeding 10%)
  - Laws that affect the HIV response, including laws that restrict travel for people living with HIV (14 of these countries have 3 or more such laws)
- **Would boost aid effectiveness**
  - Enhance the implementation of more than US$ 5.1 billion in active HIV grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria
  - Leverage funding from the United States President's Emergency Plan for AIDS Relief (more than US$ 7.4 billion for 2007–2009)
- **Would engage**
  - All five BRICS countries (Brazil, Russian Federation, India, China, South Africa)

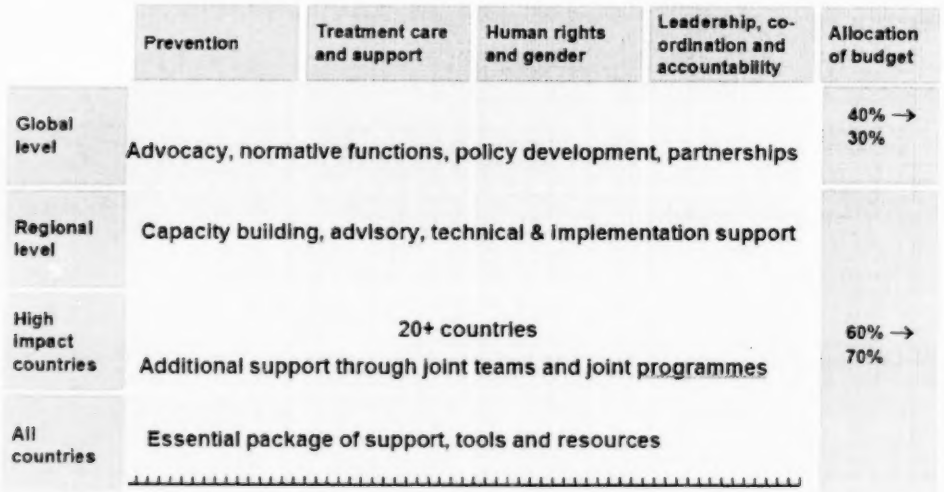
* These countries meet three of the following five criteria according to independent data sources: (1) >1% of the people newly infected with HIV globally; (2) >1% of the global gap in antiretroviral therapy for adults (CD4 count <350/ml); (3) >1% of the global burden of HIV-associated TB; (4) estimated to have more than 100 000 people who inject drugs and an estimated HIV prevalence among them exceeding 10%; and (5) the presence of laws that impede universal access for marginalized groups, including sex workers; men who have sex with men; transgender people; and people who inject drugs.

(b) A results and accountability framework that will measure the achievements of the joint programme and provide a clear link between investments and results.Theresults and accountability framework will ensure accountability in both programmatic results and in delivering value for money. The PCB requested the joint programme to further strengthen the framework through a consultative process with all constituencies, the results of which will be reported to the 29th PCB meeting. Implications for UNDP and UNFPA include review and refinement of indicators as members of the Cosponsor Evaluation Working Group (CEWG) and the UNAIDS Monitoring and Evaluation Reference Group (MERG).

Implementation of the framework will be reported to the PCB annually, including information, supported with indicators,on resourcing and engagement of civil society.

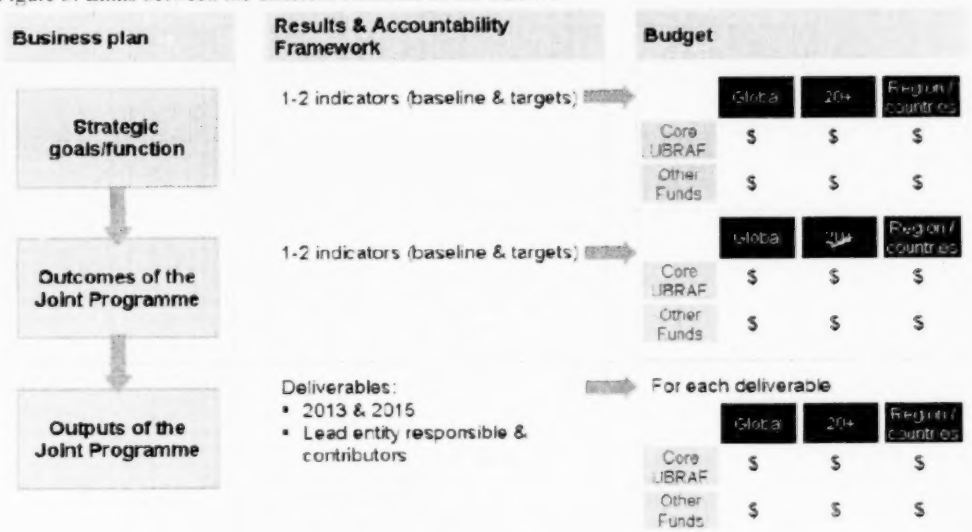
(c) A core budget to catalyse the contributions of the cosponsors and fund the UNAIDS Secretariat in 2012-2013 to translate the goals of UNAIDS strategy into action and results.The PCB approved the core budget of $485 million for 2012-2013, which means the budget remains at the same level as in 2010-2011 and 2008-2009. This represents a decline in real terms and highlights the continued catalytic and leveraging nature of the UBRAF and efforts to ensure value for money. An amount of $164 million goes towards the 10 UNAIDS cosponsors and $320 million to the UNAIDS Secretariat. Core budget allocations to cosponsors are intended to leverage other budgets to be raised by cosponsors for AIDS-related work. Over the next two bienniums, the aim is to increase the amount of core UBRAF resources spent at regional and country level to 70 per cent to maximize the impact of all cosponsor and UNAIDS Secretariat resources dedicated to the AIDS response.

Figure 2: Current and target allocation of core UBRAF resources



48. The UBRAF links all elements of the business plan, the results and accountability framework and the budget to produce a chain of results to support the achievement of the UNAIDS strategy 2011-2015. The figure below summarizes the business plan, results and accountability framework, and budget, and the links between them. The support and guidance of the UNDP/UNFPA/UNOPS Executive Board in aligning the respective UNDP and UNFPA strategic plan revisions with the UBRAF will ease the alignment challenges.

Figure 3: Links between the different elements of the UBRAF



Progress report on implementation of the second independent evaluation

49. The second independent evaluation of the Joint United Nations Programme on HIV/AIDS called for the development of a new UNAIDS mission, vision, strategy and unified budget, results and accountability framework. In addition, the joint programme revised the UNAIDS Division of Labour to enhance efficiency and effectiveness, leverage respective mandates and resources, and promote mutual accountability at global, regional and country levels. The Division of Labour identifies convening and partnership roles and responsibilities for each of the 10 UNAIDS cosponsors. The UNAIDS Secretariat is not convening any of the 15 Division of Labour areas, but will facilitate and promote coordination and cohesion in advocacy, strategic information, partnership, mutual accountability, and the mobilization of core resources to achieve results in all the areas.

50. Under the revised Division of Labour, UNDP is assigned as a convenoronthe priority area addressing human rights and the legal environment, and as a co-convenor with UNFPA on women and girls and most-at-risk populations.[4]Furthermore, UNFPA is co-convening with the World Bank on sexual transmissionof HIV and with UNICEF on young people. The convening and partnership roles designated to UNDP are well aligned to the outcome areas of its strategic plan, and the broader mandate of UNDP in poverty reduction, governance, gender equality and crisis prevention and recovery. Similarly, the co-convening roles for UNFPA are fully aligned with its mandate and its strategic plan focus on universal access to sexual and reproductive health, reproductive rights, women and gender equality, young people and the focus on reaching marginalized and excluded populations.

51. Overall, there are opportunities to significantly improve UNAIDS collective performance and impact as a result of the adoption of the revised Division of Labour. The increase in the number of joint United Nations teams and joint programmes of support offers the potential to improve the coherence, coordination

[4]UNDP convenes on "remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS", and co-convenes with UNFPA on "meet the HIV needs of women and girls and stop sexual and gender-based violence" and "empower men who have sex with men, sex workers and transgender people to protect themselves from HIV infection and to fully access antiretroviral therapy".

and effectiveness of United Nations efforts at country level. The broader effort to implement recommendations of the SIE will also lead to changes across UNAIDS, not least in the new and four-year format of the UBRAF. While queries have been posed by some donors regarding potential changes to the Division of Labour under the assumption that UN-Women would be joining the joint programme,it is expected that formalities will take place in due course. However, agencies are already working closely with UN-Women on various issues and, where present at country level, UN-Women is included in the discussions and decisions on the process of adapting the Division of Labour at country level based on local circumstances and needs, taking into account the comparative advantages of all partners.

52. The finalization of the technical-support strategy had been deferred to the 27th PCB meeting. The technical-support strategy outlines key actions by the joint programme for scaling up technical support and strengthening the overall technical support marketplace. Enhanced emphasis is placed on the effectiveness of technical support and on the cost-effective delivery of such support through harmonized and accountable systems. In particular, UNAIDS will focus its technicalsupport efforts on long-term skills transfer and capacity development at national and regional levels, and on aligning differing technicalsupport architectures and mechanisms within the joint programme.

53. PCB members requested additional details on plans for technical support. It was agreed to include a substantive agenda item reviewing and analysing the state of sustainable capacity development and technical support in the joint programme and to undertake further discussion of the UNAIDS technical-support strategy at the 29th meeting of the PCB. Linked to the technical-support strategy in terms of capacity development was the reiteration of the need for a distinct partnership strategy focused on civil society and people living with HIV as noted in the SIE. Work will continue on its codification, along with identification of UBRAF indicators, over the next six months in collaboration with civil society partners. Challenges include ensuring a clear understanding of the expectations and objectives of each potential partner as a principle of effective partnership and ensuring that these expectations and objectives are aligned with UNAIDS strategic goals and national programme priorities. Furthermore, recent experience highlights the willingness of many multinational companies to partner on social development work with NGOs to strengthen corporate social responsibility programmes and explore opportunities to work with smaller private sector enterprises on HIV.

54. Finally, the PCB was informed that, following extensive consultation and a thorough review of pertinent benefits and costs, it had been determined that the best option for the UNAIDS Secretariat was to move to a single administrative system within the framework of WHO regulations and rules. Previously, the Secretariat used the WHO and UNDP administrative systems, respectively, at headquarters level and country level. All UNAIDS staff will now be subject to the same set of staff rules and connected to the same electronic platform. Costs associated with moving to a single administrative system will be absorbed within the Secretariat component of the unified budget and workplan. It is anticipated that a single administrative system will enable the UNAIDS Secretariat to achieve important efficiencies and avoid duplication.

IV. The way forward

55. In view of the context, UNDP is adjusting HIV programming to respond to the identified challenges and scale up successes. First, recognizing the value of linking action on HIV and broader development efforts, UNDP will prioritize implementation of cross-thematic programmes that address HIV together with key priorities such as advancing gender equality, access to justice, and economic empowerment. This will involve development of cross-practice strategies and joint workplans, as well as operationalization of practical programming guidance. Secondly, while good progress is being made in developing the capacity of national entities to take over implementation of Global Fund, HIV, tuberculosis and malaria grants, UNDP will significantly scale up attention to longer-term capacity development. Moving forward, capacity development assessments and plans prepared in collaboration with national stakeholders will be an integral

component for all new Global Fund programmes managed by UNDP. Thirdly, building on the MDG assessment, which points to the benefits of linking HIV and health strategies, UNDP will look to promote cost-effectiveness by leveraging existing successful HIV programming for broader health MDGs. This will include drawing on experience in supporting large-scale implementation, capacity development and governance to accelerate MDG progress. Finally, it will be important to ensure that evaluations more consistently inform programming decisions, and that successful HIV initiatives are either sustained and scaledup, or handed over to partners in cases where UNDP terminates support.

56. In light of the reality that thetwotop causes of death in women of reproductive age globally are complications related to pregnancy and childbearing and HIV/AIDS, and given the fact that maternal mortality worldwide would have been lower by about 6 per cent in 2008 in the absence of HIV, UNFPA will continue its efforts to reduce maternal mortality. This will include strengthening mechanisms that actively link efforts to reduce maternal mortality with those that respond to the AIDS epidemic; fostering greater collaboration and integrated approaches and developing evidence-informed and rights-based programmes; and placing maternal health within a continuum of care that integrates a comprehensive range of interventions to impact maternal health outcomes, including those related to HIV. UNFPA will continue to support efforts for the meaningful engagement of women and girlsat every stage of national HIV responses to ensure that their needs and rights are well addressed and monitored; and that they have access to an essential package of quality SRH services and are treated with dignity and respect, free of violence, coercion, stigma and discrimination. Based on the evidence of what works to prevent HIV infections in adolescents and young people, UNFPA will support comprehensive HIV and SRH interventions for young people inclusive of: delaying sexual debut; abstaining from sex; correct and consistent use of male and female condoms; medical male circumcision; reduction of multiple concurrent sexual partners; and effective communication for social and behavioural change.

57. UNFPA will continue to support the improvement of national, regional and global comprehensive condom programming to increase access to and demand for male and female condoms. UNFPA will support governments to develop strategies that specifically address the sexual and reproductive health needs of MSM, sex workers and transgender people based on epidemiological and national contexts. Finally, recognizing that without effective primary prevention of HIV among women of reproductive age and prevention of unintended pregnancies among women living with HIV, the goal to eliminate new infections in children cannot be achieved, and that effective primary prevention in pregnant women, lowering rates of unintended pregnancies along with limited breastfeeding for women living with HIV would account for 19 per cent of potential reduction in mother-to-child transmission of HIV, UNFPA will support efforts to ensure that human rights, including the reproductive rights of all women and girls – in particular those living with HIV – are protected as a non-negotiable element of all HIV and global health programmes.

58. Notwithstanding the solid commitment within the United Nations system to support national responses to HIV, underlying issues already noted in the present report, especially those related to availability of financial and, more importantly for the United Nations, human resource capacities at all levels, will continue to challenge agency results and national progress towards targets set forth in the political declarations, the UNAIDS strategy and the UBRAF.

V. Elements for a decision

59. The Executive Board may wish to take note of the present report and recommend making specific links to the UNAIDS strategy in the respective UNDP and UNFPA HIV strategies and policies, as well as in the respective new UNDP and UNFPA strategic plans to be developed for 2014-2017.

Annex

Strategy – At a glance

Global commitments

Achieve universal access to HIV prevention, treatment, care and support

Halt and reverse the spread of HIV and contribute to the achievement of the Millennium Development Goals

Strategic Directions

Revolutionize HIV prevention

More than 7000 people are newly infected with HIV every day. A revolution in prevention politics, policies and practices is critically needed. This can be achieved by fostering political incentives for commitment and catalysing transformative social movements regarding sexuality, drug use and HIV education for all, led by people living with HIV and affected communities, women and young people. It is also critical to target epidemic hot spots, particularly in megacities, and to ensure equitable access to high-quality, cost-effective HIV prevention programmes that include rapid adoption of scientific breakthroughs.

Catalyse the next phase of treatment, care and support

A total of 1.8 million people died from AIDS-related causes in 2009. Access to treatment for all who need it can come about through simpler, more affordable and more effective drug regimens and delivery systems. Greater links between antiretroviral therapy services and primary health, maternal and child health, TB and sexual and reproductive health services will further reduce costs and contribute to greater efficiencies. Enhanced capacity for rapid registration will increase access to medicines, as will countries' abilities to make use of TRIPS flexibilities. Nutritional support and social protection services must be strengthened for people living with and affected by HIV, including orphans and vulnerable children, through the use of social and cash transfers and the expansion of social insurance schemes.

Advance human rights and gender equality for the HIV response

Social and legal environments that fail to protect against stigma and discrimination or to facilitate access to HIV programmes continue to block universal access. Countries must make greater efforts to realize and protect HIV-related human rights, including the rights of women and girls; to implement protective legal environments for people living with HIV and populations at higher risk of HIV infection; and to ensure HIV coverage for the most underserved and vulnerable communities. People living with and at higher risk of HIV should know their HIV-related rights and be supported to mobilize around them. Much greater investment should be made to address the intersections between HIV vulnerability, gender inequality and violence against women and girls.

Vision and goals

Vision: To get to Zero New Infections

Goals for 2015

Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work

Vertical transmission of HIV eliminated and AIDS-related maternal mortality reduced by half

All new HIV infections prevented among people who use drugs

Vision: To get to Zero AIDS-related Deaths

Goals for 2015

Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment

TB deaths among people living with HIV reduced by half

People living with HIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support

Vision: To get to Zero Discrimination

Goals for 2015

Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half

HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions

HIV-specific needs of women and girls are addressed in at least half of all national HIV responses

Zero tolerance for gender-based violence

Core Themes

People
Inclusive responses reach the most vulnerable, communities mobilized, human rights protected

Countries
Nationally owned sustainable responses, financing diversified, systems strengthened

Synergies
Movements united, services integrated, efficiencies secured across Millennium Development Goals